DEPT.-65

JOB-31

REEL-21

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF VITAL STATISTICS

DEATHS

KP 24407

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED D'RING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

KP 23407

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.
B. [ ] Dispose of present accumulation, no additional accumulation anticipated.
C. [ ] Microfilm and destroy originals.
D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B	C
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls & 1 positive for hospital

C P Force 3/28/63
Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR
2. APPROVED: CITY SOLICITOR
3. APPROVED: CITY COMPTROLLER
4. APPROVED: CITY TREASURER
5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS
6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM
7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Health Department, City of Baltimore.

Permit No. 87701 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion Louise Marshall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 391 E. Eager st.

Cause of Death, First (Primary), Dentition

Second (Immediate), Encephalitis

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem'y

Date of Burial, Nov 10 1885

Undertaker, John A Jackson

Place of Business, Gay & Gardenier *Address,*

Rev. Brooke Rush M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87702 *Office of Registrar of Vital Statistics* 1885

HEALTH DEPARTMENT NOV 9 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F. Pecis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 30 *Years,* / *Months,* — *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 116 Franklin St

Cause of Death, First (Primary), Hemorrhage from Stomach

Second (Immediate), Acute Mania

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Nov 9th 1885

Undertaker, F. Louis Schaefer

Place of Business, 109 N Howard *Address,* 179 N Howard

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87703 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna L. Margaretta Retzold.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bremen Germany

Duration of Residence in the City of Baltimore, 45 Years.

Place of Death, {Give Street and Number.} # 109 So. Sharp St.

Cause of Death, First (Primary), Indigestion, Chronic.

Second (Immediate), Gastritis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 9th 1885

Undertaker, W. Oswald

Place of Business, 35 E. Eutaw

C. A. Bell M. D.
Medical Attendant.

Address, 161 So. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87704 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry DeLal

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* 4 *Days*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 242 W. Pratt St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Blood poisoning

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, Nov 10th 1885

Undertaker, Ernst Schlosser

Place of Business, 181 Hanover *Address,* 170 S. Charles

Wm Gunkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8705 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 8th Nov. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jackens Wasel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Coffee Roaster

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 46 yrs.

Place of Death, {Give Street and Number.} 170 Hollins St

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Syncope

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Louden Park. Cem

Date of Burial, Nov 10/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

F. F. Bruson M. D.
Medical Attendant.

Address, 187 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8706 *Office of Registrar of Vital Statistics.* Ward 23

HEALTH DEPARTMENT
NOV 9 1885
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes Simmons

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 5 *Years,* ~~6~~ ~~*Months*~~, 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — —

Occupation, ~~Child~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} No 904 Riccarna st

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Croup

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, November 9th.

Undertaker, W. Bissel

Place of Business, 151 W. Baltimore St.

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87707 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 46 Gough St.

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Nov 9th 1885 John A Steuart M. D.

Undertaker, Fred Gaede ~~Medical Attendant.~~

Place of Business, S. Carolina St. *Address,* Gough No. 46

David E Caggett

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 87708 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the present correct filling out of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8- 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph E. Gordon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 4 *Months,* ——— *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 100 N. Biddle St.

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Shanpsl Cemetery

Date of Burial, Nov. 9 1885

Wm E. Moseley M. D.
Medical Attendant.

Undertaker C. C. Kennedy

Place of Business 116 Orchard St *Address,* 248 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Compliance with the following is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8709 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 9 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Augusta Evans

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give Street and Number.} 487 Mc Elderry a

Cause of Death, First (Primary), Teething

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 9 1885

Undertaker, Wm A Dunyee

Place of Business, 62 East St

J J Gwynn M. D.
Medical Attendant.

Address, 13 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 7710 *Office of Registrar of Vital Statistics.* Ward 13th

...an who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* ...ertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ed so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

...th, Nov. 8th 1885

...of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus Galt

...or ~~Female~~, {Cross out the word not required in this line.}

4 ... Years, 4 Months, ... Days

~~or~~ Colored

... Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

...tion,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 34 Boyd St.

Cause of Death, First (Primary),

Second (Immediate), Diarrhoea

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov. 10th 1885

Undertaker, Saml M. Chase

Place of Business, 198 E. Howard St

H. W. Wabner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Hea[illegible] of

Permit No. 87711

The Physician who attended [illegible] is re[illegible]sible for the presentation of t[illegible]
to the Undertaker or other person [illegible] *four hours* after the death
requested so to do, under penalty of [illegible]
No Permit Fo[illegible] ITHOUT [illegible] BE GIVEN.

HEALTH DEPARTMENT
United States
NOV 9
BALTIMORE

CERTIFI[illegible]F DEATH.

Date of Death. Nov[illegible] 8th 1885

Full Name of Deceased, {Write legibly and spe correctly. If an Infan not named, give names of parents.} Regina Dorlin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* ..... *Months,* .....

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give Street and Number.} S. E. Corner Hanover & Conway Sts

Cause of Death, First (Primary) Cancer of Stomach & Pancreas

Second (Immediate), Exhaustion

Duration of Last Sickness, Fourteen (14) months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov 10th

Undertaker, J. M. Isell

Place of Business. 131 Hanover St *Address.*

Levi Silver M. D.
Medical Attendant.

E. Corner Conway & Hanover Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87712 *Office of Registrar* Ward 12

The Physician who attended any person in a last illness, is ... e, accurately filled out, ... the Undertaker or other person superintending the burial, ...ed. or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN B... T

CERTIFIC... OF DEATH.

ate of Death, 1

Full Name of Deceased, {Write legibly and spe correctly. If an Infai not named, give names of parents.} ...

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ...

Age, 6 *Years,* ...

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birth Plac.., {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 313 Mc Culloch

Cause of Death, First (Primary), Tubercul. Meningitis

Second (Immediate), Asthenia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, ~~November 10th~~ Old Cathedral Cemetery

Date of Burial, November 10

Undertaker, Evans & Spence

Place of Business, 60 E Balto St Address, 114 Park

F. E Chatard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 87713 *Office of Registrar of Vital Statistics,* Ward 2

HEALTH DEPARTMENT NOV 10 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without this Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 9th 1885

Full Name of Deceased {Write legibly and spell surname. If an Infant unnamed, give names of parents.} Maria Preis

White or Female, {Cross out the word not required in this line.} Female

Age, 13 Months ~~Months~~, 18 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 5 Months

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 268 Sharon st

Cause of Death, First (Primary), Meningitis (Acute)

Second (Immediate),

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, November 12th

Undertaker, John C. Smith

Place of Business, 265 Aisquith

Thomas B. Evans, M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 87714 *Office of Registrar of* [illegible] ard 17

The Physician who attended any person in a last illness, is responsible for the [illegible] urately filled out, to the Undertaker or other person superintending the burial, within *twenty-four ho*[illegible]ed, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtain[illegible]

CERTIFICAT[illegible] OF DEATH.

Date of Death, Nov

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* [illegible] *Months* [illegible] *Days*

Color,

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} C[illegible]

Duration of Residence in the City of Ba[illegible]

Place of Death, {Give Street and Number.} # [illegible]

Cause of Death, { First (Prim [illegible] Paralysis of the

Second (Immed[illegible], Prostration

Duration of Last Sickness, 2 Years

All the above Information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, November 11 C. L. Bullentoha M. D.

{ *Undertaker,* B. Hart Medical Attendant.

{ *Place of Business,* 62 West St *Address,* 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 87715 *Office of Registrar of Vital Statistics* Ward 13 1

The Physician who attended any person in a last illness, is responsible for the delivery to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 10 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

C.

Date of Death, November 8th 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Chew

Sex, ~~Male~~ or *Female.* {Cross out the word not required in this line.}

Age, 39 *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death. {Give street and Number.} 284 W Fayette St

Cause of Death, First (Primary), ...

Second (Immediate). Ulcer of Stomach

Duration of Last Sickness, Two mos

All the above information should be furnished by the Physician.

Place of Burial, Annex Antrim Co

Date of Burial, Nov. 10/85

Undertaker Denny & Mitchell

Place of Business, 550 W Fayette

F. T. Miles M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 87716 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... NOV 10 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy A Bates

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give Street and Number.} 329 E Fayette St

Cause of Death, First (Primary), Gastric Ulcer

Second (Immediate),

Duration of Last Sickness, Since Sept. 29th 1885

All the above information should be furnished by the Physician.

Place of Burial, Rockland Maine

Date of Burial,

Undertaker, Dennis & Mitchell

Place of Business, 65 S Broadway

Samuel E Dinneille M. D.
Medical Attendant.

Address, 299 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

2936 Fayette

Health Department, City of Baltimore.

Permit No. 87717 *Office of Registrar of Vital Statistics* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* — *Months,* — *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, "Dist. Atty"

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 62 yrs

Place of Death, {Give Street and Number.} 112 Chestnut Alley

Cause of Death, First (Primary), Obstruction of Bowels

Second (Immediate), Peritonitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 11 1885

Undertaker, William N Dungee

Place of Business, 62 East St

H. L. Hill M. D.
Medical Attendant.

Address, 23 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87718 *Office of Registrar of Vital Statistics.* Ward 6

HEALTH DEPARTMENT NOV 10 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 8, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ringrose

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 2 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} No 196 Wilkens Ave

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Nov. 10 1885

Undertaker, Henry H. Hunter

Place of Business, 8 N. Central Ave. *Address,* 2116 N. Broadway

D. E. Wells M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 87719 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED NOV 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 9 / 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. Ida Woodland

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, {Give Street and Number.} 35 Greenmiller St.

Cause of Death, First (Primary), Typhoid Fever. complicated with Phthisis.

Second (Immediate), Asthenia

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 11th 1885

Undertaker, Alex Hensley

Place of Business, 16 Orchard St

J. Miller M. D.
Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87729 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 10 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 10 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Block

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brickleyer

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 30 Mayer St

Cause of Death, First (Primary),

Second (Immediate), Mania (acute)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 11/885

Undertaker, J. B. Cook

Place of Business, 707 W Balto St *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 8772 / *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Kues

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 36 *Years,* ~~Months,~~ ~~Days~~

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 918 Hillman st

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Paralysis

Duration of Last Sickness, 6 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Lauriel cem

Date of Burial, Nov 10 1885

Undertaker, H. C. Sanders Son

Place of Business, 252 Canton Av

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 87722 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, 12 13 o'clock A.M. Tuesday Nov 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Robert Link

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 31 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 39 Chesapeake St

Cause of Death, First (Primary), Malaria

Second (Immediate), Typhoid

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews cem

Date of Burial, Nov 11 1885

Undertaker, H. C. Sunday & Son

Place of Business, 232 Canton Av *Address,* 28 O'Donnell St

J. E. Prichard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 87723 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 10 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 9 85

Full Name of Deceased, {Write legibly and spell correctly. If an Inlant not named, give names of parents.} Margaretha K. Oheim

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give Street and Number.} 126 Granby St.

Cause of Death, First (Primary), Insufficientia mitralis et aortae

Second (Immediate), Dropsy

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mountcarmel Cem

Date of Burial, November

Undertaker, W. Liffuel

Place of Business, 151 S. Bond *Address,* 245 E. Baltimore

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 87724 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, November 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Seaman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, ~~Years,~~ *Months,* 8 *Days*

Color, white

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation,~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 67 Aliceanna st

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, November 10

Undertaker, W L Dittel

Place of Business, 151 S Bond

Geo Dennis M. D.
Medical Attendant.

Address, 225 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 8772S *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 10 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 9— 1885—

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Dauenhauer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* — *Months.* — *Days*

Color, Wht.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 30 yrs. —

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No. 98 McClim St.

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, About 2 hours—

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Nov 12

Undertaker, H Dippel

Place of Business, 131 E Bond

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner. —

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87726 *Office of Registrar of Vital Statistics.* Ward 13-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 10 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Doenges

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, white

Married, ~~Single,~~ ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar Maker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 32 yrs.

Place of Death, {Give Street and Number.} (552) Charles St.

Cause of Death, First (Primary), Mitral disease of heart.

Second (Immediate), Pulmonary Congestion & Apnoea

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetary

Date of Burial, Nov 11th 1885

Undertaker, [illegible]

Place of Business, 263 Light

Geo A Strauss. M. D.
Medical Attendant.

Address, 226 Montgomery St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8772 *Office of Registrar of Vital Statistics.* Ward 15

HEALTH DEPARTMENT NOV 10 1885 BALTIMORE, MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Crayton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days* 5

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 207 S Caroline

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Nov 11th 1885

Undertaker, Chantry Denny

Place of Business, 263 Light St

O. A. Cook M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87728 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 10 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 9 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannie Noble

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* 6 *Months,* — *Days*

Color, mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, child

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 88 Chestnut st —

Cause of Death, First (Primary), Enteritis

Second (Immediate), cachexia

Duration of Last Sickness, 6 days —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Nov. 10. 1885

Undertaker, Theodore Koch

Place of Business, 59 S Wolfe st *Address,* 149 N. Fulton Av.

A Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87729 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Frye

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* ..... *Months,* ..... *Days*

Color, C of C

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ....

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Centreville Md.

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} 18 So Bond

Cause of Death, First (Primary), Fatty degeneration of the Heart Dropsy

Second (Immediate), Asthma

Duration of Last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Nov 12th

Undertaker, John E Grace

Place of Business, S Caroline St. 142 *Address,* ....

Geo L Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87730 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 10 1885 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F Staylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 49 years

Place of Death, {Give Street and Number.} No 151 Greenmount Av

Cause of Death, {First (Primary), Rheumatic — Gout

Second (Immediate),

Duration of Last Sickness, 10 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 11 th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address.* No 136 Exeter St

W S Mahon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore, 18

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 87731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10 - 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Milinor Hostler

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Co Md

Duration of Residence in the City of Baltimore, about a month

Place of Death, { Give street and number } 2736 W. Lafayette ave

Cause of Death { First, (Primary,) acute Gastro Enteritis, Second, (Immediate,) Chronic Gastro Enteritis

Duration of last Sickness, a Month or more

All the above information should be furnished by the Physician.

Place of Burial, Balt Co Md

Date of Burial, Nov 11 - 85

Undertaker, C. H. Blizzard

Place of Business, ...

T. Chew Worthington M. D.
Medical Attendant.

Address, 373 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Health Department, City of Baltimore.

Permit No. 87732 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NO. BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, November 9th. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Boelenlein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* 9 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 314 Eastern Avenue

Cause of Death, First (Primary), ———

Second (Immediate), Haemoptysis

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonses Cem.

Date of Burial, November the 12th 1885

Undertaker, H. Blotkamp, Jr.

Place of Business, 253 E. Lombard St. *Address,* 2d & S. Broadway

S. L. Darliell Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 87733 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 11 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James R. Mackall

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. } Female

Age, Fifty Nine *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Calvert Co Md

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and Number. } 707 W. Balto St.

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), Exhaustion

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Parkleen

Date of Burial, Nov. 12/85

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 1362 N Gilmor

Jno R Duncan *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8773 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Condoyorge

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days*

Color, Fr.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give Street and Number.} 642 Balt. St.

Cause of Death, First (Primary),

Second (Immediate), Diphtheritic Croup

Duration of Last Sickness, 3½ hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov. 11/85

Undertaker, J. B. Cook

Place of Business, 107 W. Balt St. *Address,* 306 N. Fayette St

C. W. Metz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87735 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 10th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Meyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 602 Eastern Ave.

Cause of Death, First (Primary), Pulmonial Tuber

Second (Immediate), ...

Duration of Last Sickness, Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, Nov 12th 1885

Undertaker, H. Sander & Son

Place of Business, 252 Canton Av

D. Scholl M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 87736 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Simpson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* ..... *Months.* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Back.

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give Street and Number.} 181 Hamilton st

Cause of Death, First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Nov 12 1885

Undertaker, Alex Hensley

Place of Business, 16 Orchard St

R. M. Hare M. D.
Medical Attendant.

Address, 262 Shot St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87737 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 9 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Wayman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, (Colored)

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 445 Division St

Cause of Death, First (Primary), Phthisis Pulmonalis -

Second (Immediate), Exhaustion.

Duration of Last Sickness, 6 Mths.

All the above information should be furnished by the Physician.

Place of Burial, Shan pat Cemetery

Date of Burial, Nov 12 1885

Undertaker Alt Hemsley

Place of Business 11 Orchard St *Address,*

T. Rickert, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8738 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1885 BALTIMORE, MD.

6

CERTIFICATE OF DEATH.

Date of Death, Nov. 10, 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A Hall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City.

Duration of Residence in the City of Baltimore, Lyfetime

Place of Death, {Give Street and Number.} 151 Ensor St.

Cause of Death, First (Primary), Congestive Chill (?)

Second (Immediate), " "

Duration of Last Sickness, 1 Day

All the above Information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Nov 12. 1885.

Undertaker, Wm. H. Hickman

Place of Business, 234 N Gay St. *Address,* 252 Greenmt Ave

J H Robinson M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87739 *Office of Registrar of Vital Statistics* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Burk

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 161 Lee St

Cause of Death, First (Primary), Obstruction of Bowels

Second (Immediate), " "

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov 12

Undertaker, John J Bowman

Place of Business, 89 Hollins St

Thos Opie M. D.
Medical Attendant.

Address, 179 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 87740 *Office of Registrar of Vital Statistics.* 19 11

HEALTH DEPARTMENT NOV 11 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 10th Oct ~~th~~ 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Virginia Watts

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 1 *Months,* 3 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~None~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 35 Vincent Alley

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem'y

Date of Burial, Nov 12th 1885

Undertaker, Wm H Devries

Place of Business,

James A Steuart M. D.
~~Medical Attendant.~~

Address, Cor of M & P C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

W E Roberts Sanit'y Inspector

Health Department, City of Baltimore.

Permit No. 87741 *Office of Registrar of Vital Statistics.* No. 1[illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH. 77

Date of Death, Nov 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mooney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give Street and Number.} House of the Good Shepherd

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 12th 1885

Undertaker, I. B. Cook

Place of Business, 707 W. Balto

Chas L. McKeever M. D.
Medical Attendant.

Address, 253 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8742 *Office of Registrar of Vital Statistics.* Ward 6

HEALTH DEPARTMENT NOV 11 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Mary's County Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 267 Pleasant near Aisquith Street

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Marasmus

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Nov 11th 1885

Undertaker, J J Koch

Place of Business, 473 Jefferson

J C Stover M. D.
Medical Attendant.

Address, 1 Eutaw Court

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 87743 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without Proper Certificate.

HEALTH DEPARTMENT NOV 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hammer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 248 S. Eutaw

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate) " "

Duration of Last Sickness, 18 Months

the above info mation should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 13th " 1885

Undertaker Ernst Schloman

Place of Business, 181 Sharp *Address,*

J. A. Schneider M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 87744 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the filling upon of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without the Proper Certificate.

HEALTH DEPARTMENT NOV 11 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Bridget Cawley Parents

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months.* 5 *Weeks* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 186 Chesapeake St

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 186 Chesapeake St

Cause of Death, First (Primary), Pulmonary Consumption of

Second (Immediate), 8th month of illness

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem

Date of Burial, Nov. 11, 1885

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

E. J. Williams, M. D.
Medical Attendant.

Address, 186 Chesapeake St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87745 *Office of Registrar of Vital Statistics* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon Hausman,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Junk Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 9 S. Caroline St.

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Paralysis

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial Loyed St Cemetery

Date of Burial, November 12

Undertaker, W. Eilar.

Place of Business, 101 E. Eough St. *Address,* 992 E. Balt. St.

G. G. Luck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Call special attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 87746 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPERLY FILLED CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1885 BALTIMORE MD.

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CERTIFICATE OF DEATH

Date of Death, November 10th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eleanor Harrison.

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 82 *Years,* *Months,* *Days,*

Color, White,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. } ✓

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 52 years.

Place of Death, { Give street and Number. } No 164 West Mulberry St

Cause of Death, First (Primary), Cephalic Remora.

Second (Immediate), Cephalic Hamorrhage.

Duration of Last Sickness, about two hours.

the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov. 12, 1885

Undertaker Denny & Mitchell

Place of Business, 550 W Fayette

J F Harris M. D.
Medical Attendant.

Address, No 58 N. Liberty St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 87747 *Office of Registrar of Vital Statistics.* Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1885 BALTIMORE MD

CERTIFICATE OF DEATH

Date of Death, November 11th. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Myers.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 149 S. Register St.

Cause of Death, First (Primary), —

Second (Immediate), Congestion of the Lungs.

Duration of Last Sickness, about Four Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 12 November

Undertaker, W. Bignel

Place of Business, 151 E. Bond St *Address,* 207 S. Broadway

N. L. Dorsett, Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87748 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 189 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Wednesday Nov

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catherine Blanchard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Baltimore~~ Lancaster Pa

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 190 Harford Ave

Cause of Death, First (Primary). Bronchial Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 14th

Undertaker, E. A. Schilling

Place of Business, 45 Hillyard Square

Wilmer Brinton M. D.
Medical Attendant.

Address, Chas St. & Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 8772-49 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 12 1895 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, November 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert L. Papers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 16 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 725 Chew St.

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate), Exhaustion,

Duration of Last Sickness, Fifteen Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 13th

Undertaker, Edw. Schilling

Place of Business, 2 E. Lanvale & 2309 E. Monument *Address,* Chas St & Forest Place

Wilmer Prentiss M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87750 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simon James C

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 7 *Months,* *Days* 5

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Russia —

Duration of Residence in the City of Baltimore, 17 Months —

Place of Death, {Give Street and Number.} N.E. Cor Hanover & Hill Sts

Cause of Death, First (Primary), Run over by a truck Wagon —

Second (Immediate), Injuries Received & Internal Hemorrhage —

Duration of Last Sickness, about 10 or 15 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Loft Road Cem

Date of Burial, Nov 12th 1885

Undertaker, Evans & Spence

Place of Business, No 60 E Baltimore

Dr A Bell M. D.
~~Medical Attendant.~~

Address, 161 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87751 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, N-W. 11/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Draffe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 3 *Days*

Color, col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 166 S. Bethune Str -

Cause of Death, First (Primary), Lenanosis

Second (Immediate), ...

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetary

Date of Burial, Nov 12th

Undertaker, John E Grace

Place of Business, Caroline St. 142

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 80 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87752 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 12 1885 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, Nov 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob E. C Schmidt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 11 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 728 Barre St.

Cause of Death, First (Primary), Diptheria. Child was well of the diptheria but was suffering with weakness consequent of the same.

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 13th 1885

Undertaker, Wm J Pickner

Place of Business 65 S. Eutaw St. *Address,* 298 W. Lombard St.

H. W. Webner *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87753 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Marie Wolf

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 0 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 104 Martin St

Cause of Death, First (Primary), Membranous Croup

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetary.

Date of Burial, November 13th 1885.

Undertaker, Martin Fahey

Place of Business, 126 & 128 Lemmon St. *Address,* 565 Druid Hill Ave

Chas E Sadtler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Health Department, City of Baltimore.

Permit No. 87754 *Office of Registrar of Vital Statistics.* Ward 17 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or stranger, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 12 1895 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 11 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Foley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cecil Co. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 20 E. Hull St.

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 13 1895

Undertaker, Daniel Filyaw

Place of Business, 108 West St *Address,* [illegible]

D. Gallagher M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the ...

Health Department, City of Baltimore.

Permit No. 87755 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Nov 6 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Kaufmann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Widow

Age, 69 *Years,* 9 *Months,* 2 *Days*

Color, W

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth-Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 247 Irvington

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Hemorrhage

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, Nov 8 13

Undertaker, B. Hall

Place of Business, 82 W. Pratt St

A Fuhrmann M. D.
Medical Attendant.

Address, 258 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Heal... ..., City of Baltimore.

Permit No. 87756 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Fleyden

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 6 Stockholm St

Cause of Death, First (Primary), Defibrination

Second (Immediate), Abt 3 or 4 days

Duration of Last Sickness, Abt 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 13th 1885

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

D. A. Bell M. D.
Medical Attendant.

Address, 161 Southampton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of [illegible]

Health Department, City of Baltimore.

Permit No. 87787 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 12 1885 BALTIMORE, MD.

Date of Death, Nov. 11th '85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Harris

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty seven *Years,* ~~Months,~~ ~~Days~~

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give Street and Number.} No. 366 Ramsey st.

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Nov 13/85

Undertaker, J. B. Cook

Place of Business, 707 W Balto St

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87758 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 12 1885 BALTIMORE MD

CERTIFICATE OF DEATH

Date of Death, Nov. 10 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer Giles

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ~~A~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 211 Mulliken

Cause of Death, First (Primary), Teething

Second (Immediate), Enlargement

Duration of Last Sickness, One Week

All the above Information should be furnished by the Physician.

Place of Burial, Sunral Cemetery

Date of Burial, November 15th

Undertaker, Charles S. Butler

Place of Business, 132 N. Caroline Street

James E Dennis M. D.
Medical Attendant.

Address, 229 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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Permit No. 8773 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1895 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 10 - 95 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie A. Bowles —

Sex, Male or Female, {Cross out the word not required in this line.} Female —

Age, 51 — *Years,* — *Months,* — *Days.*

Color, White — *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia —

Duration of Residence in the City of Baltimore, Twenty years —

Place of Death, {Give street and number.} 87. Bolton St

Cause of Death, First (Primary,) Phthisis —

Second (Immediate,) Acthenia —

Duration of Last Sickness, 5 Years —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount J. H. Hartman *M. D.*

Date of Burial, Nov 12th 1895 Medical Attendant.

Undertaker, F. Lewis Schaefer *Address* 44. Franklin St

Place of Business, 109 N Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87760 *Office of Registrar of Vital Statistics.* Ward 6 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE NOV 12 1885

CERTIFICATE OF DEATH.

Date of Death, Nov 6 - 10 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Frank

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* 6 *Months,* — *Days*

Color, W

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} Minebank Lane near Monument St

Cause of Death, First (Primary), Bronchitis Catarrh.

Second (Immediate), Asthenia

Duration of Last Sickness, About weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ct

Date of Burial, Nov 12 1885

Undertaker, Henry Hoeck

Place of Business, 809 N Eutaw St *Address,* 228 Madison ave

Attended 3 M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87761 *Office of Registrar of Vital Statistics.* Ward 19 4

HEALTH DEPARTMENT NOV 12 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hanna Goffling

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 53. *Years,* 1 *Months,* 10 *Days*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give Street and Number.} 356 N. Stricker St

Cause of Death, First (Primary), Schirrus Cancer of Liver

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 14th 1885

Undertaker, Wm Weaver

Place of Business, 1302 N. Eutaw St

G. W. Norris M. D.
Medical Attendant.

Address, 193 Printzess

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of ... Directions on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 87762 *Office of Registrar of Vital Statistics.* Ward 13 1/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 12 1885
BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, November 11th 1885-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Rose Cummings

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days.*

Color, White

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, many years

Place of Death, {Give street and number.} No 46 N Poppleton St.

Cause of death, First, (Primary,) General Paresis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Some 6 or 7 years

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Nov. 14/85

Undertaker, J. B. Cook

Place of Business, 707 W Balto St *Address,* 188 Same St

Robert W Mifflin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87763 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 11. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Simons

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years.* *Months.* *Days.*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Surgeon U.S.A. (Retired)

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charleston S. C

Duration of Residence in the City of Baltimore, 10 Years.

Place of Death, {Give Street and Number.} 165 Dolphin St.

Cause of Death, First (Primary), Cancer of Stomach (Pyloric End).

Second (Immediate), Inanition (Heart Failure).

Duration of Last Sickness, About one year.

All the above information should be furnished by the Physician.

Place of Burial, Mt Ennon

Date of Burial, Nov 14th 85

Undertaker, Hall Emerson

Place of Business, Park Garage

Isham R. Page M. D.
Medical Attendant. Last
few months of his life.
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87764 *Office of Vital Statistics.* Ward 9 f

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Certificate.

HEALTH DEPARTMENT NOV 12 1885 BALTIMORE MD.

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CERTIFICATE OF DEATH

Date of Death, 4 A.M. Nov. 12 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Thompson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Domestic ~~Housekeeper~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} Womans Hospital, 461 Saratoga St

Cause of Death, First (Primary), Sarcoma & breast

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 13 1885

Undertaker, Hearnden Bros

Place of Business, 15 E Lexington St

W. R. Clark M. D.
Medical Attendant.

Address, Womans Hospital 461 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 87765

HEALTH DEPARTMENT NOV 13 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie Bowen

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Brown

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 21 Canal alley

Cause of Death {First, (Primary,) Marasmus

{Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 13th 1885

Undertaker, Chas T Scriven

Place of Business, 221 S Eutaw St

Chas Dickson M. D.
Medical Attendant.

Address, 26 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87766 *Office of Registrar of Vital Statistics.* Ward 15

HEALTH DEPARTMENT NOV 13 1885 BALTIMORE MD.

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, November 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Kellen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* Three One day *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tin Peddler brooms

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give Street and Number.} 196 Hughes st

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, about three Months

All the above information should be furnished by the Physician.

Place of Burial, Mark's Cemetery

Date of Burial, November 13th 1885

Undertaker, Jam's W. Chase

Place of Business, 198 E. Howard

Julius Hall M. D.
Medical Attendant.

Address, Southern Maryland

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT, NOV 13 1885 BALTIMORE, MD.

14 a

Permit No. 87767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Heller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Policeman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 114 Central Ave (Son 18

Cause of Death, First (Primary,) Organic Heart Disease following

Second (Immediate,) Rheumatism

Duration of Last Sickness, One year or more

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 14th 1885

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

A. M. Scarff M. D.
Medical Attendant.

Address Charles Centre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT NOV 18 1885 BALTIMORE, MD.

Permit No. 87768 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. D

Date of Death, 12th Nov. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A. McLean

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* 9 *Months.* 6 *Days*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Queen Annes Co Md

Duration of Residence in the City of Baltimore. 43 years.

Place of Death, {Give Street and Number.} 712 Franklin St.

Cause of Death, First (Primary), Hemiplegia (Right side paralyzed)

Second (Immediate),

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 14th 1885

Undertaker, Henry W. Mears

Place of Business, 415 N. Gay St.

R. W. Owings M. D.
Medical Attendant.

Address, 364 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87769 *Office of Registrar of Vital Statistics,* Ward 20

HEALTH DEPARTMENT NOV 13 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the correctness of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 12 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar S Zeiner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hanover Pa

Duration of Residence in the City of Baltimore, 1 - Month

Place of Death, {Give Street and Number.} Cor N Fremont & Baltimore

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 3 - Days

All the above information should be furnished by the Physician.

Place of Burial, Hanover Pa

Date of Burial, Nov 14th 1885

Undertaker, Arnd Rohde

Place of Business, Penn^a ave Address,

W J Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT NOV 13 1885 BALTIMORE, MD.

Permit No. 87770 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 12/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Ainsworth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 4 *Months,* ——— *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give Street and Number.} 128 Burgundy

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Diphtheritic Croup

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Ft Luth Cem Druid Hill Park

Date of Burial, November 13/85

Undertaker, Ph. J. Dillon & Son

Place of Business, 188 Columbia Ave *Address,* 158 S. Pacas St

Wm. A. Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8777 / *Office of Registrar of Vital Statistics.* Ward 9th

REGISTER'S DEPARTMENT NOV 13 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie De Lat

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 242 W. Pratt St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Blood poisoning

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, Nov. 13th 1885

Wm Gamble M. D.
Medical Attendant.

Undertaker, Ernst Schloman

Place of Business, 181 S. Sharp St. *Address,* 70 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87772 — *Office of Registrar of Vital Statistics,* — Ward 67

HEALTH DEPARTMENT NOV 13 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, November 12th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Evans

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.} Female

Age, 18 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto U.S.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 247 N. Wolfe St.

Cause of Death, First (Primary), Acute Bright's Disease

Second (Immediate), Uremic Poison (Convulsions)

Duration of Last Sickness, About 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov. 13th 1885

Undertaker, Adam Fink & Son

Place of Business, 461 N. Gay St

Thomas J. Simms M. D.
Medical Attendant.

Address, 242 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT NOV 13 1885 BALTIMORE MD

Permit No. 87773 *Office of Registrar of ~~Vital Statistics~~,* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12 — "85. —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Birmingham

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days*

Color, Wht.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer on P. W. & B. R. R.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md. —

Duration of Residence in the City of Baltimore, Always —

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Shock & hemorrhage from Co.

Second (Immediate), Comminuted fracs. of rht. leg caused by being run over by R. R. cars.

Duration of Last Sickness, 8 hours. —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Nov. 14 — 1885 —

Undertaker, Henry McC. Binns

Place of Business, 14 & 16 Central Ave.

Alexander Hill M. D.
Medical Attendant

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT NOV 13 1885 BALTIMORE MD.

Permit No. 87774 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13 '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Fred. Haensler

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 21 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 57 N. Central Ave

Cause of Death, First (Primary), Stomatitis

Second (Immediate), Eclampsia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, Nov. 13. 1885

Undertaker, Henry McC. Sinnes

Place of Business, ~~44~~ 826 Central *Address,* 245 E. Baltimore

J. Guthrie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 87755 *Office of Registrar of Vital Statistics.* 1885 Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 12 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Virginia Wilson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* *Days*

Color, Blk

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 5 mths

Place of Death, {Give Street and Number.} 13 Carter ally

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemtery

Date of Burial, November 13 1885

Undertaker, Hercules Parr

Place of Business, 95 Cox Way St

E. C. Gibbs M. D.
Medical Attendant.

Address, 136 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE, MD.

Permit No. 87776 *Office of Registrar of Vital Statistics* NOV 13 1885 Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, November 11. 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Wiegman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 7 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 29 S. Appleton St

Duration of Residence in the City of Baltimore, 7 days.

Place of Death, {Give Street and Number.} 29 S Appleton St

Cause of Death, First (Primary), Insufficient Ovulation

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, western cemetery

Date of Burial, Nov 13th

Undertaker, John J Gowan

Place of Business, 89 Hollins St

Geo C Shannon M. D.
Medical Attendant.

Address, 167 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE MD. NOV 13 1885

Permit No. 8777 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kate Zoriegman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* 5 *Months,* 7 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State of country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give Street and Number.} 29 South Appleton St.

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Nov 13th

Undertaker, John F. Brown

Place of Business, 69 Hollins st

Geo C Shannon M. D.
Medical Attendant.

Address, 167 E. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE MD. NOV 13 1885

Permit No. 87778 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Brenner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 12 *Years,* 5 *Months,* 12 *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 72 Bank St.

Cause of Death, First (Primary), Typho-Malarial fever

Second (Immediate),

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, 15 Nov 1885

Undertaker, John L. Sihler

Place of Business, 265 Aliceanna *Address,* 212 Broadway

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87779 *Office of Registrar of Vital Statistics.* Ward 2

HEALTH DEPARTMENT NOV 13 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out.* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 12. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Rebecca Koets

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Restaurateur

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give Street and Number.} 22 Hanover st.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Nov. 15th 1885

Undertaker, Peter Freey.

Place of Business, 91 Eastern Av

G. G. Link M. D.
Medical Attendant.

Address, Balt. & Frs. L. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

HEALTH DEPARTMENT NOV 17 1885 BALTIMORE

Permit No. 87780 *Office of Registrar of Vital Statistics.* Ward 9 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *forty-eight hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

8

CERTIFICATE OF DEATH.

Date of Death, Nov 12 " 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Allen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days,*

Color, Colrd

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, 60 days

Place of Death. {Give street and Number.} 36 Saratoga St

Cause of Death, First (Primary), ...

Second (Immediate) Insanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Nov 15th

Undertaker W. J. Gray

Place of Business, 65 N Albemarle *Residence,* 152½ N Eutaw St

J Singleton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1701

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT, NOV 13 1885 BALTIMORE MD.

Permit No. 87781 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Krebbs

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 11 *Months,* 14 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 258 E. Biddle st.

Cause of Death, First (Primary),

Second (Immediate), Gangrena Oris

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cy

Date of Burial, Nov 14 1885

Undertaker, Henry Hoeck

Place of Business, 229 N Central Av *Address,*

Jno Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87782 *Office of Registrar of Vital Statistics.* Ward 8

HEALTH DEPARTMENT NOV 13 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Locker

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} F

Age, 1 *Years,* 26 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House-work

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 96 Hoffman St.

Cause of Death, First (Primary), Epilepsy

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, November 14 1885

Undertaker, Henry Hoeck

Place of Business, 309 N Central Av *Address,* 185 E. Baltimore St

J Pattison M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE, MD. NOV 13 1885

Permit No. 87783 *Office of Registrar of Vital Statistics* Nov 13 1885 Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clement Natalfsa

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Glass Engraver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give Street and Number.} 696 S Charles St

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 14

Undertaker, Henry Brick

Place of Business, Henrietta St 81

Clement Natalfsa M. D.
Medical Attendant.

Address, 696 S Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE, MD. NOV 13 1885

Permit No. 87784 *Office of Registrar of Vital Statistics* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Lambert

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 18 Neighbor St.

Cause of Death, First (Primary), Phthisis, Galopping

Second (Immediate), —

Duration of Last Sickness, 3 M. 12 Days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 13th

Undertaker, H. C. Wiedefeld

Place of Business, 60 Greenmount Ave

Francis A. Sauer M. D.
Medical Attendant.

Address, 105 W. Centre Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE, MD. NOV 13 1885

Permit No. 87785 *Office of Registrar of Vital Statistics.* Nov 13 1885 Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosetta Bordley.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ~~—~~ *Years,* ~~—~~ *Months,* 5 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 44 Race St.

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Shaw St. Cem

Date of Burial, Nov 16th 1885

Undertaker, A. Ross. — Thos A Shearer M. D.

Place of Business, — *Address,* Comm'r of Health & Registrar

~~Notified Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Dunning = Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87786 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 12 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Mount Loth Cemet

Date of Burial, Nov 14th 1885

Undertaker, Hamond Lake

Place of Business, Division St

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem av, Calhoun St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87787 *Office of Registrar of Vital Statistics* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 13 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cem.

Date of Burial, Nov 14th 1885

R. H. Goldsmith M. D.
Medical Attendant.

Undertaker, Hammond Lake

Place of Business, Division St. *Address* Harlem Av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87788 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1885 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 12 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} B. Clark

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 23 N Castle St,

Cause of Death, First (Primary), Eclampsia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 14

Undertaker, W. Sisco

Place of Business, 157 E Pratt

J. H. Collenberg M. D.
Medical Attendant.

Address, 344 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special attention to Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87789 *Office of Registrar of Vital Statistics.* Ward 19 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 13 1895 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Nov 12 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria A Doughtery

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 38 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give Street and Number.} 178 N Eutaw St

Cause of Death, First (Primary), Miscarriage 4 mos

Second (Immediate), Typhoid exhaustion

Duration of Last Sickness, Total 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery a H Boston. Mass

Date of Burial, Nov 15th 95

Undertaker, Matthew Sadoski.

Place of Business, 227 Mulberry St *Address,* Lexington St

With Jas Linthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87790 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 13 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 12, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patk Vaughen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give Street and Number.} 85 Calhoun St

Cause of Death, First (Primary), Cirrhosis of Liver

Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Nov 14th 85

Undertaker, Matthew Cadovan

Place of Business, 227 Hollins St *Address,* 219 Hollins St

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...spection of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8791 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 13 1885 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Hanlow

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 141 Harford Ave

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Congestion of Brain with exhaustion

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 15th 1885

Undertaker, Henry W. Mears

Place of Business, 22 W. Fayette St. *Address,* Chas St & Forest Place

Wilmer Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 87792 *Office of Registrar of Vital Statistics.* Ward 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THE CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1885 BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, November 13 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte S. W. Bonsor

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* 10 *Months,* 10 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} (44 yrs in U.S.) Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and Number.} 472 Lexington St

Cause of Death, First (Primary), Cardiac hypertrophy

Second (Immediate), Pulmonary Congestion

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 15 1885

Undertaker Joseph B Cook

Place of Business, 707 W Baltimor

A. Smith M. D.
Medical Attendant.

Address, 262 N. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87793 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Nov 13. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Tolle

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give Street and Number.} 652 W Lombard

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Softening of brain

Duration of Last Sickness, ~~One~~ 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 15th 85

Undertaker, Jos B Work

Place of Business, 701 W Baltimore *Address,* 317 Hollins st

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8779 *Office of Registrar of Vital Statistics.* Ward 6th

The Physicisn who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE NOV 14 BALTIMORE

CERTIFICATE OF DEATH.

Cor

Date of Death, Nov. 13. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad J. Kohmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Collington Ave. & Monument St.

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Athonsus Cem.

Date of Burial, Nov 14th 85

Undertaker, G. France

Place of Business, Frank & Wolfe's Sons *Address,* 344 E. Balto. St.

J. H. Collenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87795 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE NOV 14

CERTIFICATE OF DEATH.

Date of Death, Nov. 13, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie C. K. Mayfort

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* 11 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} South Lane nr. Harford Ave.

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Apnoea

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, November 15th

Undertaker, Geo. Schilling

Place of Business, Ashland square *Address,* 305 N. Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87796 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, November 13 — 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm R Stafford

Sex, ~~*Male or Female*~~, {Cross out the word not required in this line.}

Age, 82 *Years,* 11 *Months,* 18 *Days*

Color, White

~~*Married, Single*~~, *Widow or Widower*, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 16 Eastern Ave

Cause of Death, First (Primary), Heart Trouble (Paralysis)

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 15-1883

Undertaker, Wm S Fry

Place of Business, 71 W Broadway

C H Reese M. D.
Medical Attendant.

Address, 108 East Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8777 *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT NOV 14 1885 BALTIMORE, MD

The Physician who attends any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Layle

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 21 *Years,* 8 *Months,* \ *Days*

Color, W

~~*Married, Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 4 y Patrick Alley

Cause of Death, {First (Primary), /

Second (Immediate), Consumption

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Mars St Cemetery

Date of Burial, Nov 14th 1885

Undertaker, Wm H Dinges

Place of Business, Address, Camp 26 & 28

James A Steuart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

W E Roberts Sanitary Inspector

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87798 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, Nov 12 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moritz H. Keil

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Liquor - dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 222 E. Broadway

Cause of Death, First (Primary), Chronic Hyperaemia of brain

Second (Immediate), Apoplexy, Paralysis

Duration of Last Sickness, About 1 year

All the above information should be furnished by the Physician.

Place of Burial, Prot Road Hebrew

Date of Burial, Nov 15 1885

Undertaker, Evans & Spence

Place of Business, No 60 E Baltimore Address, 218 E. Baltimore St

[signature] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87799 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or before, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 14 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Jennie Zimmerman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* 1 *Months,* 26 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 116 South St

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Nov. 15 1885

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 283 N. Lombard St

Chas F. Mehrens M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87800 *Office of Registrar of Vital Statistics.* Ward 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie [illegible]

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months.* 14 *Days*

Color, Colored

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 89 Morris alley.

Cause of Death, First (Primary),

Second (Immediate), Ignition

Duration of Last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 13

Undertaker, G W Hazard

Place of Business, 29 [illegible]

A. T. Bell M. D.
Medical Attendant.

Address, 234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[form]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87801 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1885 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov 13. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Janousek

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 38 *Years,* 2 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Yard hand

Birth Place, {State of country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give Street and Number.} 285 N Durham St

Cause of Death, First (Primary), Internal Injury Chanactrumhr

Second (Immediate), Collapse

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Chm.

Date of Burial, Nov 14. 1885

Undertaker, Frank. Cash & Co.

Place of Business, 249. N. Durham St. *Address,* 361 N Broadway

A L Gage M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87802 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH NOV 13 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 13th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Neubich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 2 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} # 194 N. Broadway E

Cause of Death, First (Primary), Croup Membranous

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Nov 13th 1885.

Undertaker, Leonhard Kitz

Place of Business, 131 S. Broadway

Geo. L. Buchheit M. D.
Medical Attendant.

Address, 166 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87803 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 12, '85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L Chew

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* —— *Months,* —— *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Bright's Disease (Interstitial

Second (Immediate), Coma

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Nov 14/85

Undertaker, Fred'k A. Kirchner

Place of Business, 30 Harlem Ave

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87804 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 14 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William De Lut

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 242 W. Pratt St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Blood poisoning

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetry

Date of Burial, Nov. 14th 1885. Wm Gambrill M. D.

Medical Attendant.

Undertaker, Ernst Schloman.

Place of Business, 181 S. Sharp St. *Address,* 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 87805 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 14 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Eliza Johnson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Three *Days.*

Color, Black

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md "

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 2 Little Pine St (seven months child)

Cause of death, First, (Primary,)

Second, (Immediate,) Convulsions.

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Shark Sts

Date of Burial, Nov 14/85

Undertaker, Chas. J. Scriven

Place of Business, 27 N. Eutaw

H. Hoffroth M. D., Medical Attendant.

Address, 205 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87806 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, November 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Francis Dickerson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St. Mary's Co., Md.

Duration of Residence in the City of Baltimore, 15 or 16 years

Place of Death, {Give Street and Number.} No. 95 Jasper St.

Cause of Death, First (Primary), Thrombosis of Pulmonary Artery

Second (Immediate), due to Confinement 12 days before

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Ft. Peter's Cemetery

Date of Burial, Nov. 15th 1885

Undertaker, Saml. M. Shaw

Place of Business, 198 S. Howard St. *Address,* 125 N. Charles St.

Eugene F. Cordell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87807 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 14 1885 BALTIMORE

Date of Death, Nov 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Elizabeth Mc

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 46 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 244 E Monument

Cause of Death, First (Primary), Cardiac Embolism

Second (Immediate),

Duration of Last Sickness, Died Suddenly

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 16th

Undertaker, George Schilling.

Place of Business, Ashland Square

D W Cathell M. D.
Medical Attendant.

Address, 2 W Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87808 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 14 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1885

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. A. Rines

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 3 *Days*

Color W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 104 Franklin St

Cause of Death, First (Primary), ...

Second (Immediate), Catarrh of Stomach

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 15th 1885

Undertaker, Alex Kennedy

Place of Business, ...

James A Steuart M. D.

~~Medical Attendant.~~

Address, Camp & Holliday Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting ~~forth as far as~~ the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Coroner ~~Physician~~

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87809 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH NOV 17 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, ~~Oct~~ Nov. 14 - 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. E. Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months.* 1 *Days*

Color, W

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bald. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 115 Parkin St.

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Nov 16/83

Undertaker, J. B. Cook

Place of Business, 797 W. Balto St. *Address,* 359 Barre

J. Tyler Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 87810 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 14 1885 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, November 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Holmes Reed

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 83 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} 181 North Fremont St.

Cause of Death, First (Primary), Cancer of the Liver,

Second (Immediate),

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 16/85

Undertaker, Denny & Mitchell

Place of Business, 533 W Fayette

C. F. Jones M. D.
Medical Attendant.

Address W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87811 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 15 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown (Found dead)

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Years, about 3 *Months,* *Days*

Color, Blk

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give Street and Number.} Found in rear of 163 Bank st

Cause of Death, First (Primary), General debility

Second (Immediate), unknown probably exposure.

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Nov 15th 1885

Undertaker, Geo. Rinehart

Place of Business, Health Office *Address,* 105 Air Gaul st

G. H. Rundle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87812 *Office of Registrar of Vital Statistics.* Ward 19th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Savilla V. Poish

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 1 *Months,* 19 *Days*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give Street and Number.} 144 Mount St.

Cause of Death, First (Primary),

Second (Immediate), Malarial (Remittent) Fever

Duration of Last Sickness, 4 Wks.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Nov. 16/85

Undertaker, J. B. Cook

Place of Business, 907 W. Balto

J. H. C. Cuddy, M. D.
Medical Attendant.

Address, 137 N. Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 87813 *Office of Registrar of Vital Statistics.* Ward 1 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, November 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecilia Nindermad

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* —— *Months,* —— *Days,*

Color, White

Married, Single, Widow or Widower {Cross out the word not required in this line.} Married

Occupation Housework

Birthplace, {State or country, and how long in the United States, if of foreign birth.} -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 110 Charles St

Cause of Death, First (Primary), Abscess

Second (Immediate), Scirrhus Uteri

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet Cemetery

Date of Burial, Nov 16 "

Undertaker J B Cook

Place of Business 707 W Baltimore St

A. P. Gaus M. D.
Medical Attendant.

Address, 228 O'Donnell St
East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87814 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 12 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Leona Moulle

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* 1 *Months,* 15 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} " Baltimore Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} Hiccanum St # 245

Cause of Death, First (Primary), Heart

Second (Immediate), Dropsey

Duration of Last Sickness, About six weeks

All the above information should be furnished by the Physician.

Place of Burial, 5th Reformed Ch. Cemetery

Date of Burial, Nov 15 1885

Undertaker, H Sandus & Son

Place of Business, Canton Ave *Address,* # 132 or Eutaw St

W K Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87815 — *Office of Registrar of Vital Statistics.* Ward 21.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Winnel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} # 253 S. Dallas St

Cause of Death, First (Primary), Typho-malarial Fever

Second (Immediate), Paralysis

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Nov. 15th 85

Undertaker, G. Francis

Place of Business, Bank & Wolfe Sts *Address,* 243 Aisquith

John H. Kellogan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87816 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Simms

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 36 Booth st

Cause of Death, First (Primary), —

Second (Immediate), Consumption

Duration of Last Sickness, Some Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 15 1885

Undertaker, William N Dyer

Place of Business, 62 East st *Address,* —

Jos Simms M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...ease, and List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87817 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th November 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmira Ringgold.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Thirty (30) *Years,* *Months.* *Days*

Color, Dark.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Helps about the House.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} 50 Calvert Street. Baltimore.

Cause of Death, First (Primary), Unknown

Second (Immediate), Unknown.

Duration of Last Sickness, about nine days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 15 1885

Undertaker, William A. Inge

Place of Business, 62 East St

W C. Van Bibber M. D.
Medical Attendant.

Address, 47. Franklin St.

...from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

...*enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty ...ring his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as ...he full name, sex, age, and condition (whether married or single) of the person deceased, and

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87818 *Office of Registrar of Vital Statistics.* Ward 6 C1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 16 1885 BALTIMORE

Date of Death, November 12. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Chester

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Two *Months,* Fourteen *Days*

Color, Black

Married, Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, 2½ months.

Place of Death, {Give Street and Number.} 2 Walker's Court.

Cause of Death, First (Primary), Acute Bronchitis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 15 1885

Undertaker, William M. Dugan

Place of Business, 62 East St.

Charles B. Shipley M. D.
Medical Attendant.

Address, 139 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87819 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Kingsbury Hundy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 221 Corbin St

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate),

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 13th 1885

Undertaker, Wm Nicholas

Place of Business, 255 Hillen Town

Chas. Corbin M. D.
Medical Attendant.

Address, 1107 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87840 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1883 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov. 14 '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Sloan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Died from effects of a

Second (Immediate), pistol shot

Duration of Last Sickness, about one hour

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov 16/83

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Wm A. Jones M. D.

~~Medical Attendant~~. Coroner

Address, 320 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8782 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1895 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Nov 15 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 84 *Years,* *Months.* *Days*

Color, W

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} W

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 40 or 50 yrs

Place of Death, {Give Street and Number.} 64 N. Schroeder St

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov. 16/895

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 46 N. Fayette

L. Sittig M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 87822 *Office of Registrar of Vital Statistics.* Ward 5-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said deceased~~, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 14

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Mullin

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 86 *Years,* *Months,* *Days,*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 57 years

Place of Death, { Give street and Number. } 217 East Monument

Cause of Death, First, (Primary,)

Second, (Immediate,) Old Age

Duration of Last Sickness, 5 weeks

At the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Nov 16/1885

Undertaker, John Lake

Place of Business, 201 Baltimore

Daniel V. Moyer M. D.,
Medical Attendant.

Address, 192 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87823 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Rudolph Ashkoff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 27 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} . . . .

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 244 N. Dallas St.

Cause of Death, First (Primary), Erysipelas (from umbilicus)

Second (Immediate), Asthenia

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 16th 1885

Undertaker, Peter Frey

Place of Business, 9 Eastern Av

J. W. Silver M. D.
Medical Attendant.

Address 8 E Cayson Carroline St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 87827 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 14/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen McGee

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 30 yrs

Place of Death, {Give street and Number.} 11 Valley

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, November 16

Undertaker Evans & Spiner

Place of Business, 60 E. Balto St. *Address,* 73 Valley St

F. A. Mayer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Permit No. 87825 Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED NOV 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Haüsler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, 28 *Years,* — *Months.* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Insurance agent

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 32 Spring Row

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), 16 minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, 17th Nov. 1885

Undertaker, Henry Hofmann

Place of Business, 63 N. Eden St. *Address,*

Dr Benjamin M. D.

Medical Attendant.

Bro & Pratt's

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87826 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV. 16 1885 BALTIMORE MD

CERTIFICATE OF DEATH

Date of Death, November 13 = 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Crockett

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* — *Months,* — *Days*

Color, Col.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Queen Anne's Md

Duration of Residence in the City of Baltimore, Born

Place of Death, {Give Street and Number.} Church Home Infirmary - Broadway

Cause of Death, First (Primary), Apo-Epilepsia

Second (Immediate), Nephropyosis

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Nov. 16, 1885

Undertaker, M. A. Daigy

Place of Business, 74 S. Bway.

J. H. Glenn M. D.
Medical Attendant.

Address, Church Home Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall ~~be the~~ duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87827 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis M Burton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months.* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Rail Road Employee

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give Street and Number.} 21 S. Mount St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, Twenty four days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Nov 16th 1885

Undertaker, Armstrong Denny

Place of Business, 26 S Light *Address,* 311 W Lombard St

W. T. Phillips M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87828 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 14 / 88

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Miller Brush

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* 10 *Months,* 14 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Capitalist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} 824 N. Monument St

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate),

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 17th 1885

Undertaker, Henry Cross Sons

Place of Business, Park Avenue *Address,* 21 W. Madison

E. McClellan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 87829 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, November 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Fish

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* ~~*Months,*~~ ~~*Days*~~

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, ×××

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} Jackson Square

Cause of Death, First (Primary), Contracture Child

Second (Immediate),

Duration of Last Sickness, since Tuesday 10 A.M.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 16th/85

Undertaker, W H Jenkins & Sons

Place of Business, Park & Saratoga Sts *Address,* 211 E Baltimore St

Jno E Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 87830 *Office of Registrar of Vital Statistics.* **Ward** 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 16 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Nov. 15th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wyles

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Wyles

Age, 2 *Years,* *Months,* 1 *Days,*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 1 and Canton Ave

Cause of Death, First (Primary), Dysentery

Second (Immediate), Exhaustion.

Duration of Last Sickness, 10 days.

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Nov 16th 1885

Undertaker Leonhard Ritz

Place of Business, 131 S. Broadway

Sherwood Smith M. D.
Medical Attendant.

Address, 1128 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 87831

Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Veronenberg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 1 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 7 S Ryan St.

Cause of Death, First (Primary), Acute desquamative Nephritis

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, about 5 wks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov. 17th 1885

Undertaker, Geo. Lemmon

M. D. Medical Attendant.

Place of Business, 389 W. Pratt St. *Address,* 281 E. Clarke St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87832 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1885 BALTIMORE MD

CERTIFICATE OF DEATH

Date of Death, Nov 15. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Retzmiller

Sex, Male or Female, {Cross out the word not required in this line.} male.

Age, 76 *Years,* ~ *Months,* ~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give Street and Number.} 314 E. Monument St

Cause of Death, First (Primary), Heart Disease.

Second (Immediate), Heart-failure

Duration of Last Sickness, about 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Evangelical Lutheran Cemetery Park Road

Date of Burial, Nov 17th

Undertaker, Eco Schilling

Place of Business, Ashland & Lyman

Jno. M Lyman M. D.
Medical Attendant.

Address, 218 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 87833 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 14th November 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Adkisson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* —— *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 4 McMechen St.

Cause of Death, First (Primary), Hypertrophy of Heart

Second (Immediate), from Valvular Disease

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 17th 1885

Undertaker, H. Lewis Schaefer

Place of Business, 109 W Fremont

W. W. Owings M. D.
Medical Attendant.

Address, 364 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 87837 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Hunter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} —

Age, 89 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} "

Occupation, Gardener

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 55 —

Place of Death, {Give street and Number.} 28 ave Mechin Pr.

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Senile Catarrh.

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Bolto Cemt

Date of Burial, Nov 17th 1885

Undertaker, John J. Andrews

Place of Business, 1064 Druid Hill Ave

Edward A. Mans M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 87835 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 16 1885 BALTIMORE, MD

CERTIFICATE OF DEATH

Date of Death, November 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lowery

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boat Builder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 204 S. Register St.

Cause of Death, First (Primary),

Second (Immediate), Old age

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Novem 17th 1885

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* 207 S. Broadway

Nicholas L. Dashiell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba... ...

Health Department, City of Baltimore.

Permit No. 87836 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Gertrude Burgess

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 5 — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 59 S. Fulton St

Cause of Death, First (Primary), ...

Second (Immediate), Dysentery

Duration of Last Sickness, Five days —

All the above information should be furnished by the Physician.

Place of Burial, Lorden Park Co

Date of Burial, Nov. 17/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

W. R. McKnew M. D.
Medical Attendant.

Address, 582 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87837 *Office of Registrar of Vital Statistics.* Ward 81

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 16 18
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Nov 14th 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kirby

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 10 Months, 6. Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 241 Fremont St.

Cause of Death, First (Primary), Hooping Cough Complicated with Congestion of Brain & Broncho Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, At Patricks

Date of Burial, Nov 16th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmt Ave

Wilmer Brinton M. D.
Medical Attendant.

Address, Chase St & Fremont Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 87838 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1885 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov. 15 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry & Mary Brennan Parents

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Twelve hours ~~Months,~~ ~~Days,~~

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 87 N. Schroeder

Cause of Death, First, (Primary) Imperfectly developed heart

Second, (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 16th.

Undertaker, Jos. Juerdens & Son

Place of Business, 59 N. Schroeder Address, 451 Eutaw Place

T. P. McCormick M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 87839

Office of Registrar of Vital Statistics. 1885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Lenga

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 20 Yrs.

Place of Death, {Give street and number.} # 38 Howard St.

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.)

Duration of Last Sickness, 1 Yr

All the above information should be furnished by the Physician.

Place of Burial, Westlawn Cem.

Date of Burial, Nov 16th 1885

Undertaker, Philip Kell

Place of Business, 183 Baltimore St

R. Smith M.D.,
Medical Attendant.

Address, 166 Cal Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 87840 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1885 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, November 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Rivers

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 435 McElderry st

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Nov. 18th/85

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

H. McGuire M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 87841 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Nov 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johannah Murphy

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, — *Years,* 16 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 205 Lemmon St

Cause of Death, First (Primary), Acute Meningitis

Second (Immediate), —

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Nov 16th '85

Undertaker, M. Cardegan

Place of Business, 227 Mulberry St *Address,* 283 W Lombard

Edw F. Michaelson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Respectful attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 87842 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 16 18[illegible] BALTIMORE, MD.

Date of Death, Nov. 14th '95

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Dean

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Forty *Years,* ~~*Months,*~~ ~~*Days*~~

Color, Black

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Coolrs

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 107 E. George St.

Cause of Death, First (Primary), Congestive Chill

Second (Immediate), Hemorrhage

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 16 the

Undertaker, Andrew Rohde

Place of Business, 48 Penna ave *Address,* 120 E. Greene St.

F. B. Gardner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 87843 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 18[illegible] BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16/65

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna B. Hamman.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 77 *Years,* 4 *Months,* 2 *Days,*

Color, white

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.} Widow

Occupation, Housekeeper.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany (Wittenberg)

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, {Give street and Number.} 181 George St

Cause of Death, First, (Primary,) Old Age,

Second, (Immediate,) Debility

Duration of Last Sickness, about two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial. Nov 17 '65

Undertaker, Andrew Rohde

Place of Business, 48 Penna ave

H. K. Fetterhoff M. D.,
Medical Attendant.

Address, 227 Madison st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 8784 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1885 BALTIMORE MD

CERTIFICATE OF DEATH

Date of Death, November 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. A. Meta Dedmann

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Elizabeth

Age, One *Years,* 8 *Months,* 10 *Days*

Color, white.

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ///

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Nr 49 Druid-Hill Ave

Cause of Death, First (Primary), Diphtheria.

Second (Immediate), Throat Lane

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Saint Paul's

Date of Burial, Nov 17th

Undertaker, Andrew Rose

Place of Business, 48 Penna Ave *Address,* 169 N. Charles St

Henry Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Co-operation of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 87845 *Office of Registrar of Vital Statistics.* Ward 19th

HEALTH DEPARTMENT NOV 16 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Keziah Arthur

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 5 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 230 Bruce St.

Cause of Death, First (Primary), Asthenia

Second (Immediate),

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cem'y

Date of Burial, Nov 17th 1885 Jas A Steuart M. D.

Undertaker, W. M. L. Deluge Medical Attendant.

Place of Business, East Fay St *Address,* Same

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Emanuel Weinman

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 87846 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A CORONER'S CERTIFICATE.

HEALTH DEPARTMENT, NOV 16 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lallie Bradley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 21 *Days*

Color, C

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 7 Bruce St

Cause of Death, First (Primary), Asthenia

Second (Immediate), "

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, W. B. Public Cemetery

Date of Burial, Nov 16/85

Undertaker, F A Kershner

Place of Business,

Thos A Stevens M. D.

~~Medical Attendant.~~

Address, Cor Fulton & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Edmund Weimer ~~Undertaker~~

Board of Health, City of Baltimore,

Permit No. 87847

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 16 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14. 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine White

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ~~~~ *Years,* ~~~~ *Months,* 21 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~~

Occupation, ~~~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 36 Stockton al.

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Insanition

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Nov 16 1885

Undertaker, Williams Burger

Place of Business, 62 East St

J. H. King M. D.
Medical Attendant.

Address, 215 N. Carrollton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87848 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT NOV 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 15 Nov. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Schafer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~New Orleans~~ Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 34 Orleans St

Cause of Death, First (Primary), Valvular Heart Disease with Dilatation

Second (Immediate), Syncope

Duration of Last Sickness, about 4 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com

Date of Burial, Nov 17th 1885

Undertaker, John Hennessy

Place of Business, 382 Orleans St *Address,* 34 Orleans St

D. F. Lenard *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 87849 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. T. Mathany

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 20 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 184 n Mary St.

Cause of Death, First (Primary), Catarrhal fever

Second (Immediate), ...

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Nov 17 85

Undertaker, Wm S Fry

Place of Business, 61 W Baltimore

R. W. Mansfield M. D.
Medical Attendant.

Address, 522 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 87850 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov. 15/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John N. Spargo.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* ——— *Months.* ——— *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give Street and Number.} 69 Frederick avenue.

Cause of Death, First (Primary), Chronic Phthisis

Second (Immediate), Exhaustion.

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery.

Date of Burial, Nov. 17/85.

Undertaker, Denny & Mitchell.

Place of Business, 550 W. Fayette st.

R. H. Whitcomb M. D.
Medical Attendant.

Address, Harlem Av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 87867 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 16 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline A Lipton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, W

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, H

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} N 27 N Front

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Old methodist Cem.

Date of Burial, Nov 18. 1885.

Undertaker, Wm. H. Hickman

Place of Business, 234 W. Fay St. *Address,* [illegible]

Baltimore M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 87852 — *Office of Registrar of Vital Statistics.* — Ward 15-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1885 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Brooks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Gallo

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 70 Orleans Alley

Cause of Death, First (Primary), Convulsions

Second (Immediate), Cholera.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 17 1885

Undertaker, Hercules Ross

Place of Business, 95 East Pratt

C. L. Daze M. D.
Medical Attendant.

Address, 177 Chapel St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87853 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1885 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, November 16th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Christian Hoffmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 28 Vincent St.

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 17 / 85

Undertaker, J. P. Paulus

Place of Business, 66 Frederick av. *Address,*

G. Kuhlmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore

Permit No. 87857

Office of Registrar of Vital Statistics.

18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT NOV 17 1885 BALTIMORE MD.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Albert Orth

Sex, Male or ~~Female~~. { Cross out the word not required in this line. }

Age, 3 *Years,* 3 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 3 Yrs

Place of Death, { Give street and number. } 84 N Lombard

Cause of Death, First, (Primary.) Septicaemia

Second, (Immediate.)

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, November 17/85 Louis Hoffday *M.D.,*

Medical Attendant.

Undertaker, John B. Pulse

Place of Business, 66 Fred. Ave. *Address,* Carroll Balto Co

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 87855 *Office of Registrar of Vital Statistics* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1885 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, 17th Nov 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip E. & Annie J. Bowman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Parents

Age, ~~~ *Years,* ~~~ *Months,* 15 minutes ~~*Days*~~

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 23 Little Church st

Cause of Death, First (Primary), Miscarriage at 5th month of Pregnacy

Second (Immediate), ~~Pregnancy~~

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, November 17th

Undertaker, Armstrong & Denny

Place of Business, Light & Montgomery

H W Mabley M. D.
Medical Attendant.

Address, 161 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87856 *Office of Registrar of Vital Statistics* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. NOV 17 1885

CERTIFICATE OF DEATH.

Date of Death, Nov. 15 '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Lang

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* 7 *Months,* 12 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 188 S. South

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate), Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 17 1885

Undertaker, H. Sanders & Son

Place of Business, 352 Canton Ave *Address,* 245 S. Baltimore st

J. Thurn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 8785 *Office of Registrar of Vital Statistics* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 16 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Boepke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give Street and Number.} 185 S. Broadway

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, Nov 19th 1885

Undertaker, H. Sanders Son

Place of Business, 252 Canton Av

C. Fawcett M. D.
Medical Attendant.

Address, 92 Wooster St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 87858 *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT NOV 17 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Bailey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} No. 1[illegible] Lisbon St

Cause of Death, First (Primary),

Second (Immediate), croup

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, Nov 18th 1885

Undertaker, H. Sanders Son

Place of Business, 252 Canton Av

R. Hall M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 87859 *Office of Registrar of Vital Statistics.* Ward 8

HEALTH DEPARTMENT NOV 17 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John King

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 180 Hartford Ave

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Nov 17th 85

Undertaker, E. Frame

Place of Business, 9 Park & Wolfe

Jno. Ford Jacobs M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87860 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jefe R. Eaton Heaton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 Yrs 7 Mos. *Years,* — *Months.* —

Color, Wht.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Miller

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna. —

Duration of Residence in the City of Baltimore, One year. —

Place of Death, {Give Street and Number.} Union R. R. bet. Chester St. & Patterson Park Ave.

Cause of Death, First (Primary), Shock & hemorrhage from a large lacerated wound in throat Co. frac. Rt. arm, frac. of left leg & frac. skull —

Second (Immediate), Instant death. —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Nov 18 85

Undertaker, G. Franc

Place of Business, Jones & Wife. Address, Coroner Cent. Dist

Alexander Hill, M. D.
Medical Attendant.

Was struck by Eastern line about 8 A.M. 5-5-85 Thur. A.M.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 8786 / *Office of Registrar of Vital Statistics* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1885 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 15. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lueke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 13 *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 37 S. Castle St. Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 37 S. Castle St.

Cause of Death, First (Primary), Inanition Marasmus

Second (Immediate), Asphyxia

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Nov. 17th 85

Undertaker, G. Franck

Place of Business, Frank & Wolfe *Address,* Balt. & Front. Sts.

H. H. Lueke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 87862 *Office of Registrar of Vital Statistics* Ward 15th

HEALTH DEPARTMENT NOV 17 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 14 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levin Cornish

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 83 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Taylors Island Dorchester Co

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} No 10 Clarkson Ally Balto

Cause of Death, First (Primary), Dropsy

Second (Immediate), Asthenia

Duration of Last Sickness, About six months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 18th 1885

Undertaker, Hercules Ross

Place of Business, Amway St

Address, [illegible]

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87863 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Hergscheimer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* —*Months.* —*Days*

Color,

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Connecticut,

Duration of Residence in the City of Baltimore, 57 years,

Place of Death, {Give Street and Number.} No 12 Thames St.

Cause of Death, First (Primary), Old Age

Second (Immediate), Exhaustion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 18th 1885

J Ridgway André M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 121 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 87864 *Office of Registrar of Vital Statistics.* Ward 6

HEALTH DEPARTMENT NOV 17 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

8

CERTIFICATE OF DEATH.

Date of Death, November 17, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard F. Meister

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 2 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1158 E. Chase St

Cause of Death, First (Primary), Unknown

Second (Immediate), Mesenteric Laryngitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Nov 19 85

Undertaker, Chas S Fry

Place of Business, 631 W Broadway

W. H. White, M. D.
Medical Attendant.

Address, 631 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 87865 *Office of Registrar of Vital Statistics* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sunday Nov 16th 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Dailey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. } Widow

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Co Armagh Ireland

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, { Give street and Number. } 49 Emlburg St

Cause of Death. First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness,

The above information should be furnished by the Physician.

Place of Burial, St Mary's, Govanstown

Date of Burial, Nov 18th

Undertaker H. C. Winefield

Place of Business, 90 Greenmount Ave

Elmer M. D.

Medical Attendant.

Address, Cor Park Ave & Emlburg St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87866 *Office of Registrar of Vital Statistics.* Ward 15?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 17 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 16. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Taylor

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Co. Md

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give Street and Number.} 132 Hanover

Cause of Death, First (Primary), Malarial Fever 7 Months

Second (Immediate), Pneumonia

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 17 85

Undertaker, Anthony & Dunn

Place of Business, No 263 Light St

Theodore Cotton M. D.
Medical Attendant.

Address, 1 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, also to list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87867 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Mary Ackman

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, ... *Years,* 1 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 32 Stockton St

Cause of Death, First (Primary), Gastro-Enteritis

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov 19 1885

Undertaker, Matthew Cadogan

Place of Business, 229 Mulberry St *Address,* ...

W. Rickert *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 87868 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 17 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William T. Bell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 9 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pitchers Brick Yard

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Pitchers Brick Yard,

Cause of Death, First, (Primary,) Diarrhoea + Malarial

Second, (Immediate,) fever

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Hillsville Bat Co

Date of Burial, Nov 18/85

Undertaker, Hercules Rose

Place of Business, Conway St

T. B. Hall M. D.,
Medical Attendant.

Address, Mt Winans

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 87869 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twelve-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1895 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, 16th. November 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Burijan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labourer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia, Austria

Duration of Residence in the City of Baltimore, 16 years.

Place of Death, {Give Street and Number.} S. Bethel St. 228.

Cause of Death, First (Primary), Hydrothorax. et

Second (Immediate), Hydropericardium.

Duration of Last Sickness, 18 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov. 18/95

Undertaker, Frank Coach & Co.

Place of Business, 249 N. Durham

William Finkel M. D.
Medical Attendant.

Address, S. Wolfe St. 112

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 87870 *Office of Registrar of Vital Statistics,* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 17 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 15 Nov 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jas A Mary Rawlins

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* ..... 9 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Crying "

Occupation, ... 58 Whatcoat St

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Fiji

Duration of Residence in the City of Baltimore, 58 Whatcoat St

Place of Death, { Give street and number. } .....

Cause of death, First, (Primary,) Catarrh

Second, (Immediate,) 9 days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, 17th 1885

Undertaker, Saml M. Chase

Place of Business, 48 S. Howard St

Wm Jackson Evans M. D.,
Medical Attendant.

Address, 240 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 87871 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 16 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Armistead

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 8 *Years,* 10 *Months,* *Days*

Color, Blk

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~B. City~~ A. A. County

Duration of Residence in the City of Baltimore, 1 1 yrs

Place of Death, {Give Street and Number.} 108 Russell St

Cause of Death, First (Primary), Morbus

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shark Cemetery

Date of Burial, Nov 19 1885

Undertaker, C Mchase

Place of Business, 198 Howard St

R M P Ellis M. D.
Medical Attendant.

Address, 312 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87872 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 17
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 16th November 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Dockins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* ..... *Months.* ..... *Days*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} widow

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md.

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 218. Sharp St.

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Dropsy and Exhaustion

Duration of Last Sickness, 6. Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem Co

Date of Burial, Nov 17 1885

Undertaker, S W Chase

Place of Business, 198 Howard St

L. D. Lee M. D.
Medical Attendant.

Address, 146. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87873 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, November 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Thomas

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* ..... *Months.* ..... *Days*

Color, Col

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give Street and Number.} 20 Eden St

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Coma

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 18th 1885

Undertaker, Ellis Hanley

Place of Business, 116 Orchard St

I. E. Atkinson M. D.
Medical Attendant.

Address, 19 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8787 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT, NOV 18 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Grant

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 225 S. Gustavus St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, November 18 1885

Undertaker, Hercules Ross

Place of Business, 95 Can Way St *Address,* 262 Sharp St

R. M. Hall *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87875 *Office of Registrar of Vital Statistics.* Ward 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 18 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Monday Nov 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Lugoby Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* ——— *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all Life

Place of Death, {Give Street and Number.} # 60 Dover St Balto City

Cause of Death, First (Primary), Spasm

Second (Immediate), Asthenia

Duration of Last Sickness, 1 d

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Nov 18 1885

Undertaker, Hercules Ross

Place of Business, 95 Con Ave West St

M. D.
Medical Attendant.

Address, 177 Dover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 878876 *Office of Registrar of Vital Statistics.* Ward 6 11 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 17 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Weber

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 512 E° Fayette St

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Internal Hemorrhage

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, November 18th 1885

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* 168 Eutaw St

Arthur Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87877 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Günther

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 10 *Months,* *Days*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Teacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give Street and Number.} No 151 E Fayette st

Cause of Death, First (Primary), Bad health

Second (Immediate), Haemorrhage of Lungs,

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Ch.

Date of Burial, Nov 19th 1885

Undertaker, Adam Finn's Son

Place of Business, 461 N. Gay St.

I Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87878 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV. 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph J. Payne

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months.* *Days*

Color, white

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Printer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia ~~8 months~~

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give Street and Number.} 221 Hanover st

Cause of Death, First (Primary), Died Suddenly /

Second (Immediate), heart disease /

Duration of Last Sickness, Fifteen years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 18th 1885

Undertaker, S. M. Leonard & Son

Place of Business, 112 W. Balto. *Address,* 326 Hollins st.

Wm A Smith M. D.
~~Medical Attendant~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87879 *Office of Registrar of Vital Statistics.* Ward 13 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 18 1885 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, 17 November

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Burg

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* 7 *Months,* 4 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 128 Lott Street

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 19 November 1885

Undertaker, Geo. Knell

Place of Business, Columbia No 206

A. F. Reinhard M. D.
Medical Attendant.

Address, 211 N Howard Ther

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87880 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Franck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ... 3

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} S. W. Cor Light & Hanover

Cause of Death, First (Primary), Inanition

Second (Immediate), Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Cemetary, Holy Cross

Date of Burial, November 18, 1885

Undertaker, Weldon Dippel

Place of Business, South Sharp St *Address,*

Geo. B. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87881 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the representation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 18 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emil Rudolph Hoffman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 169 East Lo

Cause of Death, First (Primary), Injury to chest and left Shoulder

Second (Immediate), Shock

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls cem

Date of Burial, Nov 18. 1885 John H. Rehberger M. D.

Medical Attendant.

Undertaker, H. C. Sanders & Son

Place of Business, 252 Eastern Av *Address,* 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 87884 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Allmon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months.* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 131 Burden St.

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, One day

All the above Information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, Nov 19

Undertaker, W. Siegel

Place of Business, 151 E Burd

E. Brown, M. D.
Medical Attendant.

Address, 53 Eleventh St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87883 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 18 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Leik

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} Mians Court

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 2 Month,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Novemb 18

Undertaker, B. Hyatt

Place of Business, 62 Albert St *Address,* 110 Fortau

O. A. Curtis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...spectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87884 *Office of Registrar of Vital Statistics.* Ward 5-2

HEALTH DEPARTMENT NOV 16 1885 BALTIMORE, MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Beumler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* Ten *Months,* Twenty-two *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give Street and Number.} 222 N. Durham St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cem.

Date of Burial, Novem 18 th 1885

E. B. Fenby, M. D.
Medical Attendant.

Undertaker, John Hennagy

Place of Business, 382 Orleans *Address,* 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 87885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT NOV 18 1885 BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Wm Lawrance,

Sex, Male or Female, { Cross out the word not required in this line. } Male,

Age, Years, 2 Months, 6 Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md 60 Birk St.

Duration of Residence in the City of Baltimore, 2 years 6 months 60 Birk St -

Place of Death, { Give street and number. }

Cause of Death, First (Primary,) Croup.

Second (Immediate.) Asphyxia

Duration of Last Sickness, Fifteen days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem. J. F. Lockard M. D.

Medical Attendant.

Date of Burial, Nov 19th 1885

Undertaker, Leonard Ritz.

Place of Business, 131 S. Broadway. Address 23 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the Remarks below, also to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87886 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 18 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov. 17: 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Cummings

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 109 S Castle

Cause of Death, First (Primary), Rheumatic Fever

Second (Immediate), Heart disease

Duration of Last Sickness, One Friday 13: 1885

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Nov 19th 1885

Undertaker, M. Clarke & Sons

Place of Business, #92 S. Anne St

Samuel E Domville M. D.
Medical Attendant.

Address, 299 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 87887 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 18 1885 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 17, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Weldon Pennington

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* five *Months,* seven *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, None,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 277 E. Monument St.

Cause of Death, First (Primary), Broncho-Pneumonia.

Second (Immediate), Exhaustion

Duration of Last Sickness, four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Nov. 19, 1885

Undertaker, Henry McGinnis

Place of Business, 8 N. Central Ave.

F. W. Tokambus M. D.
Medical Attendant.

Address, 183 N. Fulton St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 87888 *Office of Registrar of Vital Statistics.* Ward .....

HEALTH DEPARTMENT NOV 18 1895 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17 — 1895.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary Wilson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days*

Color, Wht.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N. Y. State

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} No. 124 N. High St.

Cause of Death, First (Primary), Valvular disease of heart (insufficiency

Second (Immediate), of Mitral valves)

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Nov 18 1895

Undertaker, Jas P Byrne

Place of Business, 63 [illegible] St

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8789 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Pulley

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 4 *Years,* *Months,* *Days*

Color, Color

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 68 Church St.

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 19th 1885

Undertaker, Samuel H Case

Place of Business, 198 E. Howard St

T. S. Boze M. D.
Medical Attendant.

Address, 177 Shaft St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87890 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 85,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, glvo names of parents.} Pricilla Keene

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this lino.}

Age, 44 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this lino.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 35 Years (England)

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 49 S Green St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 10 days.

All the above Information should be furnished by the Physician.

Place of Burial, Louden Park Cc

Date of Burial, Nov. 20/85

Undertaker, J B Cook

Place of Business, 1001 W Balto St

J H Emmey M. D.
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Schedule below, and to Rules of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87891 *Office of Registrar of Vital Statistics.* Ward 1st

HEALTH DEPARTMENT NOV 18 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Mascelhoff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 22 E Baltimore St

Cause of Death, First (Primary), Stomach

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com

Date of Burial, Novem 19 1885

Undertaker, John Hanson'g

Place of Business, 382 Orleans St *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 87892 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1881 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, 18th Nov 1881 ~~Mr. A. Chapel St.~~

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Nurnendicken

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* ——— *Months.* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} 15 N. Chapel St.

Cause of Death, First (Primary), Inflamation Liver & Bowels

Second (Immediate), complicated with Bright's disease Anemia

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Nov 20th 1881

E. J. Byrnes M. D.
Medical Attendant.

Undertaker, Louis Ritter

Place of Business, 17 N. Chapel Address, 375 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 87893 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie L. Dolan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 1 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 64 East av

Cause of Death, First (Primary), Typho Malarious Fever

Second (Immediate),

Duration of Last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov 19th 1885

Undertaker, Armstrong & Penny

Place of Business, 263 Light *Address,* 110 East av

Oct. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 87894 *Office of Registrar of Vital Statistics.* Ward 16th

HEALTH DEPARTMENT NOV 19 1895 BALTIMORE, MD

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, ~~Nov 18th~~ 19th 95

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Schamberger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~26~~ 26 *Years,* — *Months.* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give Street and Number.} 2w 6 Emory Ct

Cause of Death, First (Primary), Essential Paralysis

Second (Immediate), Epilepsy

Duration of Last Sickness, 15 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, November 19

Undertaker, Geo. Leimbach

Place of Business, 389 W. Pratt St

C. Van Bibber M. D.
Medical Attendant.

Per J. H. Frankenberger
Address, 49 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87895 — *Office of Registrar of Vital Statistics.* Ward 24th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas O'Leary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} S. E. Cor. Lancaster & Bond Sts.

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Nov 18 1885

Undertaker, G. France — *Medical Attendant.* John H. Kehlenger M. D.

Place of Business Bank & Wolfe *Address,* 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87896 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 19 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, November 17 - 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Donovan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 28 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Not known

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Not known

Place of Death, {Give Street and Number.} In Harbor foot of Thames St

Cause of Death, First (Primary), Accidental Drowning

Second (Immediate), — — —

Duration of Last Sickness, — — —

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Nov 19th 1885

Chas Ruebert M. D.
Medical Attendant.

Undertaker, Geo. Rinehart

Place of Business, Health Dept *Address,* [redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

HEALTH DEPARTMENT NOV 19 1885 BALTIMORE, MD.

Permit No. 87897 *Office of Registrar of Vital Statistics.* Ward, 17 Cl

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 18 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. M. Olive

Sex, Male ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* 6 *Months,* 18 *Days,*

Color, White

Married, Single, ~~Widowed~~ ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Alexandria Va,

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} # 199 Battery Ave

Cause of Death, First (Primary), Intestinal Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, 18 Month

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 20

Undertaker B. Hart

Place of Business, 82 West St *Address,* 166 Hanover St

Geo. N. Dixon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 87898 *Office of Registrar of Vital Statistics.* Ward 1-1"

HEALTH DEPARTMENT NOV 19 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov — 18" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Upperman (6)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months.* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Watchman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 560 W. Lombard

Cause of Death, First (Primary), Chronic Contracted Kidney

Second (Immediate), Effusion in the Brain

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 20th 1885

Undertaker, S. M. Leonard & Son

Place of Business, 782 W Baltimore *Address,* 311 W Lombard St

B. F. Phillips M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

3

HEALTH DEPARTMENT NOV 19 1885 BALTIMORE MD.

Permit No. 87899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha A Collison.

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~, Female

Age, ... *Years,* 3 *Months,* 17 *Days.*

Color, White *Sex,* ~~Male~~, Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 8 N Ann St.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} No 8 N Ann St

Cause of Death, First (Primary,) Cold

Second (Immediate,) Congestion of the Lungs.

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. J. M. Corbell M. D.

Medical Attendant.

Date of Burial, Nov. 20 /85

Undertaker, H. A. Taylor *Address* 23 S. Broadway

Place of Business, 748 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Health Department, City of Baltimore.

HEALTH DEPARTMENT, BALTIMORE, MD.

Permit No. 87900 *Office of Registrar of Vital Statistics.* NOV. 19 1885 Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Washington Kelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 725 N. Broadway

Cause of Death, First (Primary), Pneumonia, complication Influenza Fever

Second (Immediate), Syphilis Embolism of the Heart

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Nov. 19/85

Undertaker, Wm. A. Sauer

Place of Business, 74 S. Broadway *Address,* Balto City

John E. Norman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87901 *Office of Registrar of Vital Statistics.* Ward 20

HEALTH DEPARTMENT NOV 19 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth S. Courtenay

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 203 Franklin St.

Cause of Death, First (Primary), Apoplexy, (Congestive)

Second (Immediate), Stroke

Duration of Last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, November 20th 1885

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

E. Miller M. D.
Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87902 *Office of Registrar of Vital Statistics.* Ward 15 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, November 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Brown

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 21 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give Street and Number.} 214 Hamburg St

Cause of Death, First (Primary), —

Second (Immediate), Marasmus

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 19 1885

Undertaker, Geo W Perkins

Place of Business, 221 Hamburg *Address,* 161 S Pleasant St

Lewis J Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87903 *Office of Registrar of Vital Statistics.* 3rd

HEALTH DEPARTMENT NOV 19 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Reitmueller

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 58 *Years,* 1 *Months,* 14 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 5 S. Caroline st

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 20th

Undertaker, Fred Eade

Place of Business, 29 S. Caroline

Sarah Geo. Dauer M. D.
Medical Attendant.

Address, 325 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 87904 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 19 1895 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Loos

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* 10 *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give Street and Number.} 156 Pine st

Cause of Death, First (Primary), Cancer of Liver

Second (Immediate), Prostration

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Monday 22nd

Undertaker, Louis Schaefer

Place of Business, 119 N. Fremont St *Address,* 166 S. Spring

C. L. Cobourn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87905 *Office of Registrar of Vital Statistics* Ward 14 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Byron J. Gosnell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months.* — *Days*

Color, W.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co

Duration of Residence in the City of Baltimore, 4 ½ Years

Place of Death, {Give Street and Number.} 7 ½ S. Carey St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Anemia

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cty

Date of Burial, Nov 19th 1885

Undertaker, Wm. S. Thacher

Place of Business, 16 150 Camden

A. McColburn M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

HEALTH DEPARTMENT NOV 19 1885 REGISTERED

Permit No. 87906 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Max

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, *Years,* 19 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 78 S. Calhoun St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov. 20 1885

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 645 W Lombard St

N. H. Goodman M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

HEALTH DEPARTMENT NOV 19 1885 BALTIMORE, MD.

Permit No. 87907 *Office of Registrar of Vital Statistics* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abiram Westerman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Manufacturer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, about 60 Jears

Place of Death, {Give Street and Number.} 646 W. Fayette st. City

Cause of Death, First (Primary), Sun Stroke

Second (Immediate), Congestion of Brain

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 19th to 1885

Undertaker, Denny & Mitchell

Place of Business, 560 W Fayette *Address,* Arlington Md

Charles L. Thiel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87908 *Office of Registrar of Vital Statistics* Ward 9th

HEALTH DEPARTMENT NOV 19 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Irwin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not reqnired in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} American

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Balto., Conn.

Date of Burial, Nov 20 1885

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* City Hospital

E Van Hoff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87909 *Office of Registrar of Vital Statistics.* Ward 3

HEALTH DEPARTMENT NOV 19 1885 BALTIMORE, MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 18 = 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred J. Joyce

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} Lynch Home Infirmary Asylum

Cause of Death, First (Primary), Phthisis

Second (Immediate), Pulmonalis

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 20th 1885

Undertaker, Henry W. Mears

Place of Business, 415 N. Gay St *Address,* Lynch Home Infirmary

E. J. Lewis M. D.
Medical Attendant.

Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8910 *Office of Registrar of Vital Statistics,* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 19 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, November 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. S. Kalbfus

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Md.

Duration of Residence in the City of Baltimore, Forty-five years

Place of Death, {Give Street and Number.} 170 Mosher St

Cause of Death, First (Primary), Paralysis

Second (Immediate), Gangrene Supervening on Paralysis

Duration of Last Sickness, About two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 21st 1885

Undertaker, Stewart & Brown

Place of Business, 35 Park ave

Jos. Lloyd Martin M. D.
Medical Attendant.

Address, 38 W. Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore.

Permit No. 87911 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 19 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. Eckert

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 65 Years, *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Cabinet Maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death. { Give street and Number. } 101 Gough St

Cause of Death, First (Primary). Cancer of

Second (Immediate). Pancreas

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Hollins Point St. F. Cemetery

Date of Burial, November 20th 1885.

Undertaker Evans & Spence

Place of Business, No. 60 E. Baltimore St. *Address,* 85 E. Baltimore St.

E. W. Eliason M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegiti[illegible] children.

[over.]

Board of Health, City of Baltimore,

Permit No. 87912 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT NOV 19 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without this Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lauch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* 0 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Paver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 192 Preston St 1 Balto

Cause of Death, First, (Primary,) Emphysema

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Novem. 20/85

Undertaker, P Doll

Place of Business, 183 Columbia Ave

C Winslow M. D.,
Medical Attendant.

Address, 23 McCulloh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 87913 *Office of Registrar of Vital Statistics* Ward 11

The Physician who attended any person in a last illness, is responsible for the information of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV. 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 19 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Agnes Stewart

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 8 *Months,* 7 *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 99 Jackson St

Cause of Death, First, (Primary,)

Second, (Immediate,) Emaciation

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, W. Balto Cemetery

Date of Burial Nov 20 1885

Undertaker F. A. Kerchner

Place of Business Health Dept Address, 183 W Baltimore

J. A. Gillis M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

(Very Poor)

Health Department, City of Baltimore.

Permit No. 87914 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV. 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 18 November 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. George Wimmer

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 63 *Years,* 3 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria. Germany. 45 y. in U. S.

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give Street and Number.} Wyler Street 21

Cause of Death, First (Primary), Apoplexie

Second (Immediate), Coma

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 20 November 1885

Undertaker, F. Lewis Schaefer

Place of Business, 109 W. Fremont St *Address,* 211 N. Howard Street

Dr. G. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87915 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 19 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, November 15th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Maria Hotzel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 459 W Fayette St

Cause of Death, First (Primary), Laryngeal & Bronchial Catarrh

Second (Immediate), Exhaustion.

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Nov 21st 1885

Undertaker, F. Louis Schaefer

Place of Business, 109 N Fremont *Address,*

W. Rickert, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 87916 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 19 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 19 Nov. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Louisa Somers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ---

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 19 Stockton Alley

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 19 Stockton Alley

Cause of Death, First (Primary), Anaemia apparently

Second (Immediate), ---

Duration of Last Sickness, about 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov. 20/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 574 W. Lombard St

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 87917 *Office of Registrar of Vital Statistics.* Ward 18 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 19 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 18 — 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry R. Eberhart

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 120 Bowen Ct

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), —

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Nov 20/85

Undertaker, J. B. Cook

Place of Business, 1707 E. Balto St *Address,* Balto-Gen. Dis.

J. W. Clark M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Items Below, and to Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 87918 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, November 17/85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Parker

Sex, ~~Male~~ or Female, {Cross out the word not required, in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 17 Vincent al

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, about 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Back River Neck Balto Co

Date of Burial, Nov 20 1885

A. E. Pole M. D.
Medical Attendant.

Undertaker Wilson & Dorsey

Place of Business, 62 East St *Address,* 599 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 87919 *Office of Registrar of Vital Statistics.* Ward 1 cs

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L Shoemaker

Sex, Male or Female {Cross out the word not required in this line.}

Age, 17 *Years,* 11 *Months,* 20 *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Student

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 15 O'Donnell St

Cause of Death, First (Primary). Typho Malarial Fever

Second (Immediate). 11 41

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Novem 21st 1885

Undertaker L Denny & Butchy

Place of Business, 66 S Broadway *Address,*

J. H. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 87920 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
NOV 20 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Burgess

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* ten *Months.* *Days*

Color. Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 444 Parish Alley

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate),

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Prince georges county Md

Date of Burial, Nov 20

Undertaker, John Howers

Place of Business, No 672 Pearl

W. L. Phillips M. D.
Medical Attendant.

Address, 311 Mt Lanbard st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

No 3939 Forest [OVER.]

Health Department, City of Baltimore.

Permit No. 8794 *Office of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

94

Date of Death, Nov 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Cooper

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 89 *Years,* *Months.* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} Aged Womans Home

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Nov 20th 1885

Undertaker, H. W. JENKINS & SONS

Place of Business, UNDERTAKERS Park & Saratoga Sts,

A. M. Wilson M. D.

Medical Attendant.

Address, 257 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87922 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 18 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dr Edwd DeLonghrey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Physician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 192 N. Calvert St

Cause of Death, First (Primary), Old age

Second (Immediate), Paralysis

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 21st Nov. 1885

Oscar J. Horsley M. D.
Medical Attendant.

Undertaker, H. W. JENKINS & SONS
UNDERTAKERS

Place of Business, Park & Saratoga Sts.

Address, 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87923 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 20 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 17th. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irvin Taylor

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months.* — *Days*

Color, dark.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 2 Boale St.

Cause of Death, First (Primary), Tetanus Neonatorum

Second (Immediate), Asphyxia

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Harford cemetery

Date of Burial, Nov. 20th 1885

Undertaker, Wm. M. Burgee

Place of Business, 62 East St

Joseph Blum M. D.
Medical Attendant.

Address, 76 Columbia Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...ate of this Certificate.

Health Department, City of Baltimore.

Permit No. 87924 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 20 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Nov 19/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Exposure.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 48 hours.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Nov 21st 1885

Undertaker, Hammond Lake

Place of Business, Division St

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem Ave & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Especial Attention to Explanations is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87925 *Office of Registrar of Vital Statistics* Ward 7

HEALTH DEPARTMENT BALTIMORE MD. NOV 20 1885

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 20. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Grimm

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* 8 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 379 N Broadway

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 Month

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cy

Date of Burial, Nov 22d 1885

Undertaker, Henry Hooke

Place of Business, 709 N Eutaw St *Address,* 361 N Broadway

A L Gage M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87926 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RALPH PARK LIBRARY NOV 20 1 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 19th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Franz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* . . . . *Months,* . . . *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} 266 N. Central Ave

Cause of Death, First (Primary), Senility

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cr

Date of Burial, Nov 23 1885

Undertaker, Henry Hoeck

Place of Business, 309 N Central Ave

E W Selmen M. D.
Medical Attendant.

P Cay Cr Baltimore
Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8797 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY REGISTRAR NOV 20 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonia Vikys

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 243 N Bond St

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate),

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, West Holy Redeemer Cem.

Date of Burial, Nov 21/85

Undertaker, Frank Leach & Co

Place of Business, 249 N Durham St

Wm L. Rundle M.D.
Medical Attendant.

Address, 231 N Bond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87928 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT NOV 20 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno O Allenbaugh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 185 N Chester St

Cause of Death, First (Primary), Chronic Rheumatism, complicated with

Second (Immediate), Asphyxia { aortic incompetence

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Nov 22d 1885

Undertaker, Henry W. Mears

Place of Business, 22 N. Frayette *Address,* 136 Columbia ave

Geo R Graham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 87929 *Office of Registrar of Vital Statistics.* Ward 11 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Nov. 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* 8 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 99 Just. Ct. E. Biddle

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cem.

Date of Burial, Nov 20/1885

Undertaker, L. A. Kercher

Place of Business, Health Off

J. A. Gillies M. D.
Medical Attendant.

Address, 180 N. Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Health Department, City of Baltimore.

Permit No. 87930 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Carroll

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No. 239 E. Fayette St

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 21st 1885

Undertaker, Hemsley & Sons

Place of Business, Park & Laraby

H. Martin M. D.
Medical Attendant.

Address, Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87931 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 20th Nov. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Weber Grothaus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} North West Cor. Broadway & Thames 815

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Novbr. 21th 1885

Undertaker, Peter Frey

Place of Business, 91 Eastern Av.

E. J. Bonn M. D.
Medical Attendant.

Address, 375 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87932 *Office of Registrar of Vital Statistics.* Ward 6er

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, November 20th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hanson C Barnes, Junior

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* 10 *Months,* 27 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 450 E Baltimore st

Cause of Death, First (Primary), Chronic Bright's Disease

Second (Immediate),

Duration of Last Sickness, about 10 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 22nd 1885

Undertaker, Jenny Mitchell

Place of Business, 65 S Broadway

R. W. Cathell M. D.
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 87933 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 21 1885 BALTIMORE, MD.

H

CERTIFICATE OF DEATH.

Date of Death, Nov 19. '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Vansickler

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Four weeks

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Obstruction of intestines

Second (Immediate), Exhaustion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, West Virginia via B. & O. railroad

Date of Burial, Nov 21 st 1885

Undertaker, Jos B Cook

Place of Business, No 707 n Balto

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Permit

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8793 *Office of Registrar of Vital Statistics.* Ward 20

HEALTH DEPARTMENT BALTIMORE NOV 21 1885

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~Held~~ Nov. 20. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William M. Forsythe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Paper Hanger.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} S. Bourne St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion.

Duration of Last Sickness, 6 Mths

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Nov 23d 1885

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Howard St *Address,*

W. Rickert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87935 *Office of Registrar of Vital Statistics.* Ward 5

HEALTH DEPARTMENT NOV 21 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

28

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Derry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 28 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 132 Sterling st

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Nov 21st 1885

James A Steuart M. D.

Undertaker, W W Madden

Place of Business,

~~Medical Attendant~~

Address, Cant 76 W Pr

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M McKewen Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 87936 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT NOV 21 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Queen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 9 *Months,* — *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 16 Mason Alley

Cause of Death, First (Primary), —

Second (Immediate), Meningitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Nov 21st 1885

Undertaker, Saml M Chase

Place of Business, 192 S Howard st

W. B. Sellman — M. D.
Medical Attendant.

Address, 46 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87937 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT NOV 21 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sherwood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1-5 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give Street and Number.} 52 Chestnut St

Cause of Death, First (Primary), Gastritis

Second (Immediate), Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 22

Geo. B. Reynolds M. D.
Medical Attendant.

Undertaker, Jacob Ahrens

Place of Business, 28 N Howard St *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore.

Permit No. 87938 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 20, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Rose

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 35 *Years,* about — *~~Months.~~* *Days,*

Color, Black.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Shucker.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 25 yrs. about.

Place of Death, {Give street and Number.} No. 1 Ten Foot alley.

Cause of Death, First (Primary). Phthisis

Second (Immediate).

Duration of Last Sickness. 6 months, about.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 21st 1885

Undertaker Thos. J. Locke

Place of Business, Jefferson St

Chas. H. Cockey, M. D.
Medical Attendant.

Address, No 211 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 87939 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1885 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 20 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lula M Johnson

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* 6 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 92 S Central Av

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 21, 1885 J Hall Rutledge M. D.

Undertaker, Wm H. Hickman. ~~Medical Attendant.~~ Coroner

Place of Business, 234 E. Gay St. *Address* 108 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87940 *Office of Registrar of Vital Statistics.* Ward 69

HEALTH DEPARTMENT NOV 21 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lula Morroth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 182 Orleans St near Bond St.

Cause of Death, First (Primary), Syphilis

Second (Immediate),

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, Nov 22nd 1885

Undertaker, Fred. Goede

Place of Business, 298 Baroline *Address,* 283 N. Eden St

E. B. Fenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8794 / *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT, NOV 21 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Feldmann

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* —— *Months,* —— *Days*

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, House girl

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Port Deposit Md

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give Street and Number.} 147 Etting St

Cause of Death, First (Primary), Pneumonia & Heart Trouble.

Second (Immediate), Asthenia.

Duration of Last Sickness, one wk

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, Nov 21st 1885

Undertaker, Wm R Lunger

Place of Business, 62 East St

D J Flannery M. D.
Medical Attendant.

Address, 1044 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

HEALTH DEPARTMENT NOV 21 BALTIMORE MD

Permit No. 87942 *Office of Registrar of Vital Statistics,* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

Bur C

2-405

CERTIFICATE OF DEATH.

Date of Death, November 20th. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Clay

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* 2 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore. Life time

Place of Death, {Give Street and Number.} 40 Lancaster Street

Cause of Death, First (Primary),

Second (Immediate), Erysipelas

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, November 22/85

Undertaker, H. Sandel & Son

Place of Business, 252 Canton Ave *Address,* 875 S. Broadway

N. L. Dashiell, Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87943 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT NOV 21 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 88

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva C Emory

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 7 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, 3 [illegible]

Place of Death, {Give Street and Number.} 146 [illegible]

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, Two (2) Months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, November 23rd 1888 [illegible] M. D.

Medical Attendant.

Undertaker, Wm C Weaver

Place of Business, No 202 N. Eutaw *Address,* 387 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 87944 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 21
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 21, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Mackissey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 8 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Rudder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give Street and Number.} 57 Holliday St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, November 23

Undertaker, W Liphel

Place of Business, 57 S Bond

E. J. M. Cleary M. D.
Medical Attendant

Address, 57 Holliday St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87945 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 21 1883 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, November 21st.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Kraisch

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 80 *Years,* — *Months,* — *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoe-maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give Street and Number.} No. 92 N. Amity st.

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness, 5 years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 22' / 83

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St Address, Columbia Ave & Fremont Ave

Wm Wolcott Dee M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8946 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 22 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Destrick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} Fayette & Eutaw Sts

Cause of Death, First (Primary), Valvular disease of Heart

Second (Immediate), Asthenia

Duration of Last Sickness, About 1 day Apparently

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Nov 23. 1886.

Undertaker, Ch. Bartell & Son

Place of Business, 136 E. Biddle St

J. W. Simon M. D.
Medical Attendant.

Address, Fayette & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8947 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 22 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 21/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Barbara Rummel

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, white

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 yrs.

Place of Death, {Give Street and Number.} 152 S. Bond St.

Cause of Death, First (Primary), Cardiac Dropsy

Second (Immediate),

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician:

Place of Burial, Baltimore Cem

Date of Burial, November 23

Undertaker, H. Dittel

Place of Business, 151 S. Bond *Address,* 50 S. Broadway

R. W. Manstud M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87948 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 27 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cubbas Talbert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~ *Years,* ~ *Months,* ~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto; lifetime

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 15 Candelaria Ln.

Cause of Death, First (Primary), Premature Birth

Second (Immediate), ~

Duration of Last Sickness, Died immediately after birth - breathed a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Nov 29 1885

Undertaker, Jas A Byrne

Place of Business, 63 Fremont

D Steuart M. D.
Medical Attendant.

Address, 148 N. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 87949 *Office of Registration of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Lapp

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} female

Age, 76 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.} Married

Occupation, Housemaid

Birthplace, {State if country, and now long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} 4 Abell St.

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Debility

Duration of Last Sickness, Cannot say definitely (long time)

All the above Information should be furnished by the Physician.

Place of Burial, Druid Park

Date of Burial, Nov. 24 th

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

H. R. Fetterhoff, M. D., Medical Attendant.

Address, 227 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

~~Special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.~~

Health Department, City of Baltimore.

HEALTH DEPT. BALTIMORE NOV 23 1885

Permit No. 87950 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Moeller

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* 6 *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigarmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 338 Orleans

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate), Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Novem 23 d 1885.

Undertaker, John Kennedy. *M. D.*

Place of Business, 382 Orleans St *Address,* 248 S. Entaw

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Especial attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT
NOV 23 1885
BALTIMORE MD

Permit No. 87957 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilkins, Ida

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, House Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Mary's County Md.

Duration of Residence in the City of Baltimore, Abt 20 yrs

Place of Death, {Give Street and Number.} 107 S Spring St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, Nov 23 1885

Undertaker, William Wenger

Place of Business, 62 East St

D W Catlett M. D.
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 87952 *Office of Registrar of Vital Statistics.* Ward 10"

NOV 23 1885
BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21' 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dorsey

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll co. md.

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give Street and Number.} Lexington & Pine St Elliotts Drug Store

Cause of Death, First (Primary), Sudden stop of heart

Second (Immediate), disease

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 23 1885

Undertaker, Wilbon Dorsey

Place of Business, 62 East St

W. A. Jones M. D.

Coroner ~~Medical Attendant.~~

Address, 326 Hollins st City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE NOV 23 1885

Permit No. 87953 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Challas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Mariner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give Street and Number.} 210 E. Thirtieth St.

Cause of Death, First (Primary), Hematemesis

Second (Immediate), ...

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 23rd 1885

Undertaker, J. F. Locke

Place of Business, 423 Jefferson st *Address,* 641 E. Pratt St.

Louis E. Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87957 *Office of Registrar of Vital Statistics.* Ward 4th

HEALTH DEPARTMENT NOV 23 1885 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* from the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Fiorenah

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, 2 2

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} S.E. Cor. of High & Gaun Sts

Cause of Death, First (Primary), Inanition

" Second (Immediate), Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, November 23.

Geo. B. Rayner M. D.
Medical Attendant.

Undertaker, Weldon Tippe

Place of Business, ~~Fairmount Ave~~ E. Baltimore St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87955 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 23 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, 21 November 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margarethe Hesting

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 63 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 18 years

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 87 N. Fouts Street

Cause of Death, First (Primary), Heart disease

Second (Immediate), Paralysis of heart

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 24th 1885

Undertaker, Henry W. Allers — A. E. Bernard M. D. Medical Attendant.

Place of Business, 45 W. Fayette *Address,* 211 N Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT NOV 23 1885 BALTIMORE MD

Permit No. 87956 *Office of Registrar of Vital Statistics.* Ward 5-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after ~~the death of~~ said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, November 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Schultz

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* 1 *Months,* 7 *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years or more

Place of Death, {Give Street and Number.} 65 Eutaw Street

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Exhaustion

Duration of Last Sickness, One Week.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 25th

Undertaker, Geo Schilling

Place of Business, Ashland Avenue

J. H. Chambers M. D.
Medical Attendant.

Address, 133 N. Spring St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 87967 *Office of Registrar of Vital Statistics.* 7th Ward

The Physician who attended any person in a last illness, is responsible for the correct filling out of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Baugert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 59 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, {~~Cross out the word not~~ required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and Number.} E. Chew & Central Aven

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Double Pneumonia, Acute

Duration of Last Sickness, 12 weeks

the above info mation should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 24th

Undertaker Geo Schilling

Place of Business, Ashland & Lynn *Address,*

J. F. Buhrer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physician ... marks below, and ... of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87958 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Belle McGinley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* ... *Months,* ... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 84 Washington St

Cause of Death, First (Primary), Consumption

Second (Immediate), ...

Duration of Last Sickness, an invalid for several years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 23d 1885

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

R W Cathell M. D.
Medical Attendant.

Address, 2 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
NOV 23 1885
BALTIMORE, MD.

Permit No. 87959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fleming H Culley

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Printer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, His entire life

Place of Death, {Give street and number} 160 Franklin St Balt

Cause of Death, First, (Primary.) Serous Cold

Second, (Immediate,) Pulmonary Consumption

Duration of last Sickness, Ill about six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 24th 1885

Undertaker, F Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 64 N Paca St

W W Hammond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 87960 *Office of Registrar of Vital Statistics.* 23 1885 Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 23 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Jackson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 43 Yrs

Place of Death, {Give street and number.} #188 Edmondson Ave

Cause of death, First, (Primary,) Bright's Disease

Second, (Immediate,)

Duration of Last Sickness, 4 Mos

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 23/85

Undertaker, Denny & Mitchell

Place of Business, 330 W Fayette

Geo H Cyster M. D.,
Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87961 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen B. Thomas Thomas

Sex, ~~*Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, one *Years,* 3 *Months,* 21 *Days*

Color, Brown Yellow

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 15 Waesche St.

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give Street and Number.} 15 Waesche St.

Cause of Death, First (Primary), Colic

Second (Immediate), Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Church Yard

Date of Burial, 23rd Nov/85

Undertaker, J. H Owens Jr

Place of Business, Pearl st 172

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87962 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Lannan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 68 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, {Give Street and Number.} 66 James alley.

Cause of Death, First (Primary), —

Second (Immediate), Old Age

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, Nov 24-1885

Undertaker, Thos Flynn

Place of Business, 109 West St

John A Steuart M. D.

~~Medical Attendant~~

Cem of Health & Report

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John C. Dunning Inspector

Health Department, City of Baltimore.

Permit No. 87963 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry A Bedford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give Street and Number.} No 10 Russell

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 27 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Nov 23 1885

Undertaker, Wm J Tiedtner

Place of Business, 65 E Eutaw St Address, 282 Hollins St

D H Nelson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

13 C

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
NOV 23 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah / Edward Goodman (Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 1/2 *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 354 W. Fayette St

Cause of Death, First (Primary,) Premature

Second (Immediate.) Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cemetery

Date of Burial, Nov. 23/85

E. Wellan *M. D.*
Medical Attendant.

Undertaker, E. Goldman

Place of Business, 354 W. Fayette St. *Address* 85 N. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 87965 *Office of Registrar of Vital Statistics.* Ward 10 d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
NOV 23 1895
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd/95

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Charles Burkhard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 16 *Years,* 6 *Months,* 23 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Butter dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 354 Franklin St

Cause of Death, First (Primary), Cerebro Spinal Meningitis

Second (Immediate),

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov. 24/95

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

H. D. Gill M. D.
P. C. Hutchison M. D.
Medical Attendant.
23 Edmondson Ave
Address, 19 Rutledge St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87966 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanch Green

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* *Days*

Color, bl

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Nil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Baltimore~~ Mt. Washington, Balto. Co., Md.

Duration of Residence in the City of Baltimore, ~~Lifetime~~ 2yrs.

Place of Death, {Give Street and Number.} No 6 Inlocs Alley

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Abscess

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 26 1885

Undertaker, Eugene F. Cordell *M. D.*

Medical Attendant.

Place of Business, 65 W. Baltimore St *Address,* 125 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore.

Permit No. 87967 *Office of Registrar of Vital Statistics,* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 21 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Auerbach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Butler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Three days

Place of Death, {Give street and Number.} 38½ Druid Hill Ave

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Below the Act Cemetery

Date of Burial, Nov. 23rd 1885

Undertaker Chas. F. Evans & Co

Place of Business, Eager Valley St *Address,*

A Friedmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87968 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT NOV 23 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 21st November 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jerome Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Mal

Age, One *Years,* 7 *Months.* 4 *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 132. Hill St.

Cause of Death, First (Primary), Phthisis-Pulmonalis

Second (Immediate), measles

Duration of Last Sickness, 15. days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemtery

Date of Burial, Novem 23 1885

Undertaker, Hercules Row

Place of Business, 95 Lan Wag St

L. D. Dyer M. D.
Medical Attendant.

Address, 146. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87969 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 23 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Fuka

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days*

Color, Whit

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 131 r Chapel St,

Cause of Death, First (Primary), croup

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cem.

Date of Burial, Nov 23 1885

Undertaker, F. Crachs.co

Place of Business, 249 W. Lanham

J. H. Collenberg M. D.
Medical Attendant.

Address, 344 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87970 *Office of Registrar of Vital Statistics* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 23 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov^r 22^nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Veronica C. Foster

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 26 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore. 26 dys

Place of Death, {Give Street and Number.} 166 West st

Cause of Death, First (Primary), Spasms

Second (Immediate), 24 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 24 1885

Undertaker, H. Ross

Place of Business, 95 Cor West & ~~Pratt~~ *Address,* Hanover st

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87971 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 23 1885 BALTIMORE, MD

CERTIFICATE OF DEATH

Date of Death, Nov 22 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Pulman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 294 South Howard Ct

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 23 1885

Undertaker, Hercules Bon

Place of Business, 95 Low Mary St *Address,* 177 Shurgott

C. S. Bogle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87972 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 22 1885
BALTIMORE MD.

H

CERTIFICATE OF DEATH.

Date of Death, Nov 20 '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Butler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Phthisis pulmonum

Second (Immediate), Exhaustion

Duration of Last Sickness, Six months

All the above Information should be furnished by the Physician.

Place of Burial, W. B. Cemetery

Date of Burial, Nov 22 / 85

Undertaker, Fred'c A Kuchus

Place of Business, 30 Harlem Ave

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87973 *Office of Registrar of Vital Statistics.* Ward 37

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE NOV 23 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give Street and Number.} 2 E Garrison St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Mark St

Date of Burial, Nov 23rd 1885

Undertaker, Alex Hendley

Place of Business, 111 Orchard Address, 299 E Balto St

James E Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8797 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 25 1885 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 23 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Romick

Sex, Male or Female, {Cross out the word not required in this line.} Romick

Age, 2 *Years,* 1 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 8 Everett

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Nov. 24. 1885

Undertaker, H Sanderson

Place of Business, 252 Canton Ave Address, 257 Wilkens Ave

Thomas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87975 *Office of Registrar of Vital Statistics,* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 23 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Russell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No. 56 Gould St

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Nov. 23. 1885

Undertaker, H. Sanderson

Place of Business, 252 Canton Ave *Address,* 2 H. S. Broadway

S. [illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87976 *Office of Registrar of Vital Statistics.* DRUG Ward 3 d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 23 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 22, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A Hengesmühle

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 3 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} No 807 E Pratt St

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cy

Date of Burial, 24 November

Undertaker, W. Dipsey

Place of Business, 671 E. Baltimore *Address,* 1111 E Baltimore

D. J. Gately, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87977 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH BOARD NOV 23 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 22 / 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter —

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Wood Death. Land

Date of Burial, Nov 24th. 1885

Undertaker, Hammond Lake

Place of Business, Division St.

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. & Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87978 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 25 1885 BALTIMORE MD

CERTIFICATE OF DEATH

Date of Death, Nov. 22 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Long

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, White

Married, Single. ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 92 N. Holliday

Cause of Death, First (Primary), Abscess of the Stomach

Second (Immediate), Ex Gas

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Nov 24th 1885

Undertaker, James A Byrne

Place of Business, No 62 N Fremont *Address,* 132 Do

[illegible] *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87979 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Kolb

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* 12 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 1 Anthony

Cause of Death, First (Primary),

Second (Immediate), Membranous Croup

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Nov 23 1885

Undertaker, Henry Hook

Place of Business, 963 W Pratt St

Jno. Brooke Bayne M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87980 *Office of Registrar of Vital Statistics.* Ward 15—11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BUREAU OF VITAL STATISTICS
NOV 23 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Sivers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 1 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 13. 1. 21

Place of Death, {Give Street and Number.} 162 Hitzrmen St.

Cause of Death, First (Primary), Rheumatic Endo-carditis

Second (Immediate), Apnoea

Duration of Last Sickness, 1 Yr.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 24th 1885 R. H. P. Ellis M. D.

Undertaker, Armstrong and Denny Medical Attendant.

Place of Business, 263 Light *Address,* 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87981 *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT NOV 24 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Jennings

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 88 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.} Widower

Occupation, ~~~~~~~~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 111 N Caroy

Cause of Death, First (Primary), old age

Second (Immediate), " "

Duration of Last Sickness, (a gradual decline) 1 month

All the above information should be furnished by the Physician.

Place of Burial, St Paul's P. E. Cemety

Date of Burial, Nov 24/85

Undertaker, Denny D. Mitchell

Place of Business, 530 W. Fayette

Thomas Opie M. D.
Medical Attendant.

Address, 179 N Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 27289 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT ANOTHER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov. 22 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Santo Flores

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 8 Ohio Ave

Cause of Death. First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, Six Months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 25 1885

Undertaker Hercules Ross

Place of Business, 95 Lee & Hayes St *Address* 10 Hardaway

F. Donaldson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87983 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1885 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 23 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Dodson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 70 Etting St

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 12 Hours

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 24 1885

Undertaker, H N Bisler

Place of Business, Druid Hill ave

R. B. Browne M. D.
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87984 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 24 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cordelia Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days*

Color, bl.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charles Co., Md.

Duration of Residence in the City of Baltimore, 1 yr & 2 mos.

Place of Death, {Give Street and Number.} 49 Lancaster Alley

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, about 8 or 9 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Nov 24th 1885

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Eugene F Cordell M. D.
Medical Attendant.

Address, 125 N Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87985 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Charles & Laura E. Farewell

Sex, Male or Female, {Cross out the word not required in this line.} male } Parents

Age, — *Years,* — *Months.* 11 } *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Home

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 410 N. Gilmor Street

Cause of Death, First (Primary), Croup & Laryngitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 or 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Ball's Cemetery

Date of Burial, Nov 24th 85

Undertaker, Denny Mitchell

Place of Business, Fayette & Car. Ave

E. K. Wiley M. D.
Medical Attendant.

Address, 190 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87986 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 24 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov. 22 — '85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. A. Thorp

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days*

Color, Wht.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md. —

Duration of Residence in the City of Baltimore, 18 hours. —

Place of Death, {Give Street and Number.} No. 26 N. Gay St. —

Cause of Death, First (Primary), Suffocated by gas, owing

Second (Immediate), to neglect in turning it off.

Duration of Last Sickness, About 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Frenchtown Md

Date of Burial, Nov 25th 1885

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8798 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT NOV 24 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22 "85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. J. White

Sex, ~~*Male or Female*~~, {Cross out the word not required in this line.} Female

Age, 22 *Years,* — *Months,* — *Days*

Color, Wht.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 18 hours.

Place of Death, {Give Streot and Number.} No. 26 N. Gay St.

Cause of Death, First (Primary), Suffocated by gas owing to

Second (Immediate), neglect in turning it off

Duration of Last Sickness, 8—10 hours.

All the above information should be furnished by the Physician.

Place of Burial, Frenchtown Md.

Date of Burial, Nov 25th 1885

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 87988 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in n last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRY DEPARTMENT
NOV 24 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22 nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Davis

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 3 *Years,* 9 *Months,* *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~or Widower~~

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 13 Rose st. Balto Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 8 Rose st. Balto. Md.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Nov 24 1885

Undertaker, Alf Hensley

Place of Business, 116 Orchard St

R. K. Mercer M. D.,
Medical Attendant.

Address, McCulloh & Biddle Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT NOV. 24 1885 BALTIMORE

Permit No. 87989 *Office of Registrar of Vital Statistics.* Ward 9/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23 - 8:00 am 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Curley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 52 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Quarryman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland - 30 yrs America

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Lobar Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, Nov. 25th/85

Undertaker, J.P. Byrne

Place of Business, Hood St

E Van Hook M. D.
Medical Attendant.

Address, City Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 87990 *Office of Registrar of Vital Statistics,* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Novem. 23rd 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin F. Hagerman

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, Fifty-two *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation Bricklayer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, About three years

Place of Death, { Give street and Number. } 83 Hanover St.

Cause of Death, First (Primary), Consumption

Second (Immediate), "

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, St. Joseph's Cemetery, Bonneville Adams Co. Pennsylvania

Date of Burial, November 26th 1885

Undertaker Martin Fahey

Place of Business, 126 & 128 W. Townsend St *Address,* 152 Hanover

Oscar Baldwin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 394 & 2 Barnett [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87991 *Office of Registrar of Vital Statistics.* Ward 10th

HEALTH DEPARTMENT NOV 14 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 23rd 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta Potter

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 312 Franklin St.

Cause of Death, First (Primary), Diptheria

Second (Immediate), Paralisis of Two Weeks from complete decomposition of Diptheritic exudation.

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 24th 1885

Undertaker, Denny & Mitchell

Place of Business, 55 & W. Fayette

M. D.

Medical Attendant.

Address, on Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1 1 1 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT, NOV 24 1885 BALTIMORE

Permit No. 87992 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Rickter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give Street and Number.} No 158 Sterling st

Cause of Death, { First (Primary), Consumption
Second (Immediate), }

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ceem

Date of Burial, Nov 26th 1885

Undertaker, H. Hoeck

Place of Business, N Central ave *Address,* Cum's Ct P.

James A Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry McM^cKewen Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 87993 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 24 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 11. 23. 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Smith

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 78 *Years,* 9 *Months,* ——— *Days,*

~~Color~~, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and Number. } 378 Saratoga St

Cause of Death, First, (Primary,) Age

Second, (Immediate,)

Duration of Last Sickness, Few Days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Nov 25th 1885

Undertaker, F. Lewis Schafer

Place of Business, 109 N Fremont

Lewis M Eastman M. D., Medical Attendant.

Address, 349 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 87994. *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 24 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Novbr. 23; 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Widdié

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 86 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single*~~, *Widow* ~~or Widower~~, { Cross out the word not required in this line. }

Occupation Housewife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, not Known

Place of Death, { Give street and Number. } 21 N. Dallas St.

Cause of Death, First (Primary), Old age

Second (Immediate), Anemia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov. 25. 85

Undertaker H. Hofmann

Place of Business, 63 N. Eden St. *Address,* 233 E Baltimore St

J. I. Brickbank M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness ~~or the Coroner~~, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87995 *Office of Registrar of Vital Statistics* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 24 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. N. Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, Colour

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give Street and Number.} 104 Franklin St

Cause of Death, First (Primary), Rheumatism of

Second (Immediate), the heart

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Nov 24th 1885

Undertaker, W. Dr. Gray

Place of Business, 65 Mulberry *Address,* 326 Madison St

W. A. Fenn M. D.
Coroner ~~Medical Attendant~~.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87996 *Office of Registrar of Vital Statistics* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1885 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Nov. 23. '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Betlyefske

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 172 Canton Av.

Cause of Death, First (Primary), Syphilis,

Second (Immediate), Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Ger. Meth. Ch. Cem. Co

Date of Burial, 24 November 85

Undertaker, [illegible]

Place of Business, 215 S Conn St

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87997 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 24 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W Lowe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Plumber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 120 Preston St.

Cause of Death, First (Primary), Chronic Emphysema

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 1/2 years

All the above information should be furnished by the Physician.

Place of Burial, St Thos

Date of Burial, Nov 25/85

Undertaker, Chas. T. Scrivin

Place of Business, 27 N. Eutaw *Address,* 185 N. Eutaw

Alex Lee Coltun M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87998 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov^r 22^nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse Ireland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 76 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, about 18 yrs

Place of Death, {Give Street and Number} 40 Lexington St

Cause of Death, First (Primary), Cystitis

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Nov. 24th 1885

Undertaker, Jno. H. Chase

Place of Business, 198 E. Howard St

R. C. Lee M. D.
Medical Attendant.

Address, Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87999 *Office of Registrar of Vital Statistics.* Ward 18 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. KENT, NOV 24 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lola Armstead

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, Blk

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City 1 - 6

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 108 Russell St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Apnoea

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shar. M Cemetery

Date of Burial, Nov 25 1885

Undertaker, S W Chase

Place of Business, 198 Harvard M

R. H. Ellis M. D.
Medical Attendant.

Address, 733 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88000 *Office of Registrar of Vital Statistics.* Ward 10 7.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 24 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Cornish

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 75 *Years,* —— *Months,* —— *Days*

Color, Colored

Married, Single, Widow ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, about 20 Years,

Place of Death, {~~Give Street and~~ Number.} 164 George St.

Cause of Death, First (Primary),

Second (Immediate), Schirrus of Uterus

Duration of Last Sickness, Several Years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 25th 1885

Undertaker, Jas. M. Deane

Place of Business, 98 S. Howard St

H. W. Hebner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

88001

missing

No. 8800

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 88004 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT NOV 25 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 23 Nov 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles August Wagner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* 0 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and Number.} 146 Mulberry St

Cause of Death, First, (Primary,) Softening of brain

Second, (Immediate,) exhaustion (carbonic acid poisoning)

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, November 25

Undertaker, Walter Immel

Place of Business, 315 West Biddle St

A. A. Heilmann M. D.
Medical Attendant.

Address, 120 East Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate stating, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the date of death, except in cases of births and deaths of illegitimate

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8903 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23rd. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adrianna Dunwoodie

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* ..... *Months.* ..... *Days*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Chambermaid

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St. Mary's Co Md.

~~*Duration of Residence in the City of Baltimore,*~~ one year 2 Sep Months

Place of Death, {Give Street and Number.} 132 Cider Alley

Cause of Death, First (Primary), Congestion of bowels and

Second (Immediate), liver.

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemty

Date of Burial, Nov 24/85

Undertaker, F. A Kerchner

Place of Business, ...

J. Homer Hoffman M. D.
Medical Attendant.

Address, 279 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 10614

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88614 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. NOV 25 1885

CERTIFICATE OF DEATH.

Date of Death, Nov - 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie E. Downey

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 15 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or Country, and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give Street and Number.} 618 W. Lombard St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), "

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 25 1885.

Undertaker, J. J. Cook

Place of Business, 707 N. Balto St *Address,* 179 N Howard St

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88005 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 25 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 24 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Dennard

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ——— *Years,* ——— *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give Street and Number.} N.W. Cor Eutaw & Lee Sts

Cause of Death, First (Primary), Premature Birth (7 months)

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, Nov 25 th

Undertaker, P. Healy

Place of Business, 82 West st

Edwd F Mich Jan'l M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 88006

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88006 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stevens

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 1 *Months,* 13 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not reqnired in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 17 Allens alley

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 24th 1885

Undertaker, William L Engle

Place of Business, 602 East St

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1120

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88007 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 24 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L Holliday

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No. 6 Harmony Lane

Cause of Death, First (Primary), Malnutrition

Second (Immediate), Marasmus

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 25th 1885

Undertaker, A A Hennesley

Place of Business,

James A Clemens M. D.
~~Medical Attendant~~

Address, Court & PC

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Walter C Roberts Sant Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88098 *Office of Registrar of Vital Statistics.* Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 24th. "85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Gaunt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Stockbroker & Trust dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, 37 Years.

Place of Death, {Give Street and Number.} 402 E. Monument.

Cause of Death, First (Primary), Chronic Cerebral Softening

Second (Immediate), Exhaustion

Duration of Last Sickness, (4) Years

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Nov 26/1885.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Wilmer Brinton M. D.
Medical Attendant.

Address, Chas St & Forrest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88009 *Office of Registrar of Vital Statistics.* Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 23. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Kemp Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* 10 *Months,* 3 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Retired Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md —

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 451 Eutaw place

Cause of Death, First (Primary), Paralysis (Hemiplegia) 7 years ago

Second (Immediate), Cerebral Softening

Duration of Last Sickness, 13 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 25th 1885

Undertaker, Stuart V Mowen

Place of Business, 35 Park Avenue

W F A Kemp M. D.
Medical Attendant.

Address, 55 W Green St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88010 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 24 Nov 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Feldhausen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 2 *Months.* 3 *Days*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 45 Duncan alley.

Cause of Death, First (Primary), "Blue Child" –

Second (Immediate), Convulsions

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Nov 25th 1885

Undertaker, H. Sander & Son *M. D.* Medical Attendant.

Place of Business, 252 Canton Ave Residence, 814 E. Balt. St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88011 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. NOV 25 1885

CERTIFICATE OF DEATH.

Date of Death, Nov. 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie McDonough

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* ..... *Months.* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birth Place, {State of country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give Street and Number.} 344 Alice Anna St.

Cause of Death, First (Primary), Alcoholism

Second (Immediate), Gastro-Enteritis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Nov. 26th '85

Undertaker, G. France

Place of Business, Pratt & Wolfe Sts. *Address,* 472 Pratt St.

Given & Co. (Chas.) *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 88012

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88012 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bowman

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 267 S. Wolf St

Cause of Death, First (Primary). Pulmonary Phthisis

Second (Immediate), asthenia

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem.

Date of Burial, Nov. 26th 86

Undertaker, G. France

Place of Business, 9 Paca & Wolf Sts *Address,* 18 Broadway

John S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1 1022

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88013 *Office of Registrar of Vital Statistics.* Ward 3

HEALTH DEPARTMENT NOV 25 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Padgett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

~~Place of Death~~, {Give Street and Number.} 184 E Lombard St

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Nov 26th 1885

Undertaker, Fred Goede

Place of Business, S. Caroline St *Address,* Camp & R

James A Simms M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Geo W Padgett

Died Nov 25th 1885

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

Permit No. 88014 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 24, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Johnson,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Sixteen *Years,* Ten *Months,* Twenty five *Days.*

Color, White

Married, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.} Single

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} No. 229 Chew Street.

Cause of Death, First (Primary), Malarial Fever.

Second (Immediate), Typhoid-Malarial Fever

Duration of Last Sickness, about fifteen days.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 27/85

Undertaker Wm S. Fry

Place of Business, 914 Broadway

Reg. R. Elwell, M. D.
Medical Attendant.

Address, 552 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 88075

Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 25

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Linroth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 90 *Years,* — *Months,* *Days.*

Color,

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and Number.} Old Mens Home

Cause of Death, {First, (Primary,) Old age

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Nov 26 1885

Undertaker, Kelly Ecker & Sons

Place of Business, Park Hanaly

H Mitchell M. D.,
Medical Attendant.

Address, 257 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8806 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lew H. Covington

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months.* *Days*

Color, Black —

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, R.R. Porter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 52 Pierce St.

Cause of Death, First (Primary), Tuberculosis Pulmonary.

Second (Immediate), Exhaustion —

Duration of Last Sickness, 5 mos —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 26 1885

Undertaker, W.T. Madden

Place of Business, 46 Clark Ave

Gleason Bolden M. D.
Medical Attendant.

Address, 49 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88017 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 24, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary A. Isenbeck

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty Five *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No 179 N. Bethel St.

Cause of Death, First (Primary), Still Born Child

Second (Immediate), Puerperal Fever

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Novem 26 1885

Wm H Lindmen M. D. Medical Attendant.

Undertaker, John Kenney

Place of Business, 382 Aisquiths St. *Address,* No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88018 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NO. 1 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Catharine S. Lemmermann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* — *Months,* 6 *Days*

Color, — White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 40 yrs.

Place of Death, {Give Street and Number.} 268 Fountain St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), —

Duration of Last Sickness, 36 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 26th

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

H F Hill M. D.

Medical Attendant.

Address, 23 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 88019

Office of Registrar of Vital Statistics.

2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 26 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, November 24th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Miller.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* 5 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Grocer.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and number.} 170 Bank = corner of Register St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Apoplexia nervosa.

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 27th 1885

Robert Smithers M.D.,
Medical Attendant.

Undertaker, Denny & Hatchett

Place of Business, 655 Broadway Address, 121 N. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 88020

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88020 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT NOV 26 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Todd

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 416 N Central Ave

Cause of Death, First (Primary), Acute Pneumonia

Second (Immediate), Meningitis Cerebral

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 27th 1885

Undertaker, Henry W. Mears

Place of Business, 22 W. Fayette St

Wm. B. Tilden M. D.
Medical Attendant.

Address, 228 E Preston st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88024 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 26 BALTIMORE MD.

CERTIFICATE OF DEATH.

a

Date of Death, November 25, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Jenke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

~~Place of Death~~, {Give Street and Number.} Bond & Abbot Sts

Cause of Death, First (Primary), Laryngitis

Second (Immediate), Cr

Duration of Last Sickness, About 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov. 27th 1885

Undertaker, A. Fink & Son

Place of Business, 461 N. Gay St *Address,* 463 E. Broadway

W. W. White, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88022 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 26 1885
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmine Maurich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give Street and Number.} 131 N. Eutaw st

Cause of Death, First (Primary), Cancer of Stomach

Second (Immediate), Prostration

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 27th 1885

Undertaker, Julius Koehler

Place of Business, Main & Cross sts *Address,* 166 N. Paca st

A. L. Buddenbohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88023 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 25. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward T. Lambright

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* ~ *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Book Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} # 914 Chew St.

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate),

Duration of Last Sickness, 5 1/2 months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 27th

Undertaker, Geo Schilling

Place of Business, Ashland & Lyon

Geo A Newman M. D.
Medical Attendant.

Address, # 305 N Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88024 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT NOV 26 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Betty Oppenheimer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 234 E Chases St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loyed St Cemetery

Date of Burial, November 26

Undertaker, Local Agent

Place of Business, 28 N High St *Address,*

Lewis Gotte M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE ACCOMPANYING RULES AND REGULATIONS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 88025

HEALTH DEPARTMENT NOV 25 1893 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 25. 93

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Louise Anderson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

~~*Age,* ..... *Years,~~ *Months,* 18 ~~*Days*~~

Color, Black

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 19 Bolton St. Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 53 Columbus alley

Cause of Death, {First (Primary,) Croup

Second (Immediate,) Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Friday 27th

Undertaker, S. T. Andrews

Place of Business, 4 & 6 Druid Hill ave

L. L. Elbert M. D.
Medical Attendant.

Address 1671 N. Bradford
Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88886 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 26 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Diehl

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* ..... *Months.* ..... *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Stevedore

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 40 Years

Place of Death, {Give Street and Number.} Basin, off Commercial Wharf

Cause of Death, First (Primary), ...

Second (Immediate), Accidental drowning

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Nov. 26. 1885

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave. Address, 161 Eutaw St

Smith Bell M. D.

~~Medical Attendant~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 85027 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY HALL NOV 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 25, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gillen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} S. W. Wilcox Pl

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, 36 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 26/1885

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

James Bosley M. D.
Medical Attendant,

Address, 319 W Pollen St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 88028

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88028 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Lind

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 49 Years

Place of Death, {Give Street and Number.} 43½ Eastaw Ave

Cause of Death, First (Primary), Apoplexy Cerebral Hemorrhage

Second (Immediate), Coma

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cem.

Date of Burial, 27 Nov 1885

Undertaker, Peter L Eltich

Place of Business, 265 Aisquith

E. J. Wilson M. D.
Medical Attendant.

Address, 53 Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 33629 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 26 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 25th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jarvis Dickenson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* 6 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Eutaw & Ostend Sts -

Cause of Death, First (Primary), Accident = Run over by engine 733 - B & O R R.

Second (Immediate), Bet - Stockholm & Ostend Sts -

Duration of Last Sickness, Nov - 25th 1885 -

All the above information should be furnished by the Physician.

Place of Burial, Government Cemt

Date of Burial, November 27th

Undertaker, John S. Wacker

Place of Business, 150 Camden

Jos A Bell M. D.

~~Medical Attendant~~ Coroner

Address, 161 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88630 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Wednesday morning Nov 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Thomas Denton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ____ *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Non

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give Street and Number.} 130 Chesapeak St

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), do do

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician

Place of Burial, Old Church Yard Cem. Co.

Date of Burial, Nov 27 '85 Balto.

Undertaker, G. Franc

Place of Business, Bank & Holl Sts *Address,* 280 Donnell St

E. Prichard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88081 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 27 1885 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Nov. 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael H Warner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 283 E. Madison st

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 27th 1885

Undertaker, Henry E. Mears

Place of Business, 32 E. Fayette St *Address,* 137 Eu

[signature] *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 88032 *Office of Registrar of Vital Statistics.* Ward 15

HEALTH DEPARTMENT BALTIMORE MD. NOV 27 1885

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgia Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 7 *Months,* 15 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 7 mo & 15 dys

Place of Death, {Give Street and Number.} 236 Hughes St

Cause of Death, First (Primary), —

Second (Immediate), Consumption

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 27 1885

Undertaker, Hercules Ross

Place of Business, 93 E. or W. Pratt St

R. C. Lee M. D.
Medical Attendant.

Address, Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 4033

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT NOV 27 1885 BALTIMORE

Permit No. 88033 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Sharp

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, Years, 4 Months, Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 32 Hillen

Cause of Death, First (Primary), Pneumonia,

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, November 27 1885

Undertaker, Hercules Boss

Place of Business, 95 Low Max St

C. L. Boss M. D.
Medical Attendant.

Address, 177 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

13?

Permit No. 88037

HEALTH DEPARTMENT NOV 1885 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 26/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Annie McTownsend

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} W. Point N.Y.

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number} Ag'l Pine St.

Cause of Death First, (Primary,) Acute Pneumonia

Second, (Immediate,) " "

Duration of last Sickness, about 7 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 28th 1885

Undertaker, Henry L. Mears

Place of Business, 22 W. Fayette St *Address,* 3736 W. Fayette

T. Chew Worthington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88035 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 27 1885 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine E Scheples

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 14 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 121 N Bethel St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Convulsions

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Bethel Cemetery

Date of Burial, Nov 27, 1885

Undertaker, C H Bowering

Place of Business, 196 Balt St

Milton N Taylor M. D.
Medical Attendant.

Address, 138 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88036 *Office of Registrar of Vital Statistics.* Ward 2

HEALTH DEPARTMENT NOV 27 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Eldridge

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 155 Alice Ann St

Cause of Death, First (Primary), Mal Nutrition

Second (Immediate), Spasms

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Trinity M. Cemetery

Date of Burial, Nov 27th 1885

Undertaker, W Diffel

Place of Business, S Bond St — *Address,* Camp 16 & R

Edward M. Clements M. D.

Medical Attendant.

Edward A Colegate

Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8803 7 *Office of Registrar of Vital Statistics.* Ward 6 2

HEALTH DEPARTMENT NOV 27 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 26. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz Hril

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 55 *Years,* 10 *Months,* 8 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Hour-Wife:

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} #447 E. Eagar St.

Cause of Death, First (Primary), Cancer of the Breast & Hip

Second (Immediate), Exhaustion

Duration of Last Sickness, (6) Six month

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetry

Date of Burial, Nov 28 1885

Undertaker, John Watkins

Place of Business, [illegible]

A L Gagé M. D.
Medical Attendant.

Address, 361 h Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88038 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 27 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Owens

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 15 Bennett Alley

Cause of Death, First (Primary),

Second (Immediate), Diphtheritic Croup

Duration of Last Sickness, 26 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 28 th 1885

Undertaker, Henry Brickle

Place of Business, Henry ln 81

Thomas C Fte M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 88039 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 26. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Clare Leary

~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 41 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 367 Eutaw Place

Cause of Death, First (Primary), Valvular insufficience - Cardiac dilatation - Dropsy

Second (Immediate) Cardiac failure

Duration of Last Sickness, Several Months = Heart disease For 20 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 28th 1885

Undertaker H. W. JENKINS & SONS UNDERTAKERS

Place of Business, Park & Saratoga Sts.

Thomas Brown M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 88040. *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Today~~ Nov. 25th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William James Bozman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 52 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Watchmaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Somerset Co. Md

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and Number. } 37 ~~W~~ Covington

Cause of Death, First (Primary). Empiphelas (lower limbs)

Second (Immediate). Dropsy

Duration of Last Sickness, March 1885.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, November 27

Undertaker B Hart

Place of Business, No 82 W Saratoga

James Bacon M. D.
Medical Attendant.

Address, Arlington & La Fayette Aves

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 00041

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88041 *Office of Registrar of Vital Statistics.* Ward 15-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 27 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 25th 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Hocheer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 1 Y. 2

Place of Death, {Give Street and Number.} 25-8 Cook St

Cause of Death, First (Primary), Pneumonitis

Second (Immediate), Abscess

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Nov 27

Undertaker, B Hare

Place of Business, No 92 Hill St

R. H. Ellis M. D.
Medical Attendant.

Address, 923 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88042 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE NOV 28 1885

CERTIFICATE OF DEATH.

Date of Death, Nov. 26. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B Dryden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 6 Selma Place

Cause of Death, First (Primary), Premature birth (7th mo)

Second (Immediate), Exhaustion

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Md

Date of Burial, Nov 28th 1885

Undertaker, J Envy & Mulcahy

Place of Business, 550 W Fayette St *Address,* 319 Holliday

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

3947 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88043 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 27 1895 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 24th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Harrison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give Street and Number.} 105 Plum Alley

Cause of Death, First (Primary), Cold & Exposure

Second (Immediate), Pneumonia

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Liberty Cemetery

Date of Burial, Nov 27 1895

Undertaker, Hercules Bros

Place of Business, 95 E Monroe St

Chas J Bell M. D.

Medical Attendant Coroner 2d Dist

Address, 161 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks thereon, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88044 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART NOV 27 18 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob F Shelby

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5-2 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Dining Express business

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 yrs.

Place of Death, {Give Street and Number.} 53 George st

Cause of Death, First (Primary), Consumption

Second (Immediate), ——

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, November 28 1885

Undertaker, Matthew Cadogan

Place of Business, 227 W Baltimore st

H. F. Hill M. D.
Medical Attendant.

Address, 23 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88045 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. NOV 27 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26 th. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Ballard

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 75 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Black Smith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, — — —

Place of Death, {Give Street and Number.} 216 E Chase st

Cause of Death, First (Primary), Enlarged Prostate with Chronic

Second (Immediate), Cystitis

Duration of Last Sickness, for several years

All the above information should be furnished by the Physician.

Place of Burial, Balto., Cemetery

Date of Burial, Nov. 28. 1885

Undertaker, Wm H Hickman

Place of Business, 284 N Gay St *Address,* 228 E. Preston st

N. B. Billingsley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88046, *Office of Registrar of Vital Statistics.* Ward 2 d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 27 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Keisler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 713 Eastern Ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, November 28

Undertaker, M Doyle

Place of Business, 820 Charles St

Geo. B. Peyser M. D.
Medical Attendant.

Address, 171 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...er of this Certificate.

Health Department, City of Baltimore.

Permit No. 88047 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1885 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, November 26. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Bauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 9 *Months,* 1 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lancaster Pa

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give Street and Number.} 584 W. Pratt St. —

Cause of Death, First (Primary), Pneumonitis.

Second (Immediate), Acute Bronchitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov. 28/85.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 242 W. Fayette

P. Swatt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88048 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 27 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov. 27. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Hartline

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 29 E. Preston st.

Cause of Death, First (Primary), Malignant Diphtheria

Second (Immediate),

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cem.

Date of Burial, Nov. 28th 1885

Undertaker, Wm. Heaver

Place of Business, #202 N. Eutaw

Geo. A. Hartman M. D.
Medical Attendant.

Address, 303 N. Carolina st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to those on Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88049 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 27 1885 BALTIMORE, MD

a

CERTIFICATE OF DEATH.

Date of Death, Nov. 25 — "85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Finley

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 85 *Years,* ——— *Months,* ——— *Days*

Color, Wht

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 2½ days

Place of Death, {Give Street and Number.} Intersection of Hillen & Forrest Sts.

Cause of Death, First (Primary), Frac. left radius just above wrist, also of

Second (Immediate), left thigh & frac. of ribs on both sides driving them in upon the heart & both lungs.—

Duration of Last Sickness, Instant death.— These injuries were caused by being run over by a beer-wagon Cor. Hillen & Forrest Sts.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 28th 1885

Undertaker, J. J. Burns

Place of Business, 512 A Park Ave

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 88050

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88050 — *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov. 26 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Veronica Clendenen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 5 Yrs

Place of Death, {Give Street and Number.} 6 Greenmiddon St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Apnoea

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 27th 1885

Undertaker, H. D. Bishop & Co

Place of Business, 772 Druid Hill Ave

R. H. L. Ellis M. D.
Medical Attendant.

Address, Green & Mulberry Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88051 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 27
BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Nov 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Charles

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* —— *Months,* —— *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~University Hospital~~ 1 week England

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Remittent Fever (pernicious)

Second (Immediate), Coma

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, Nov 25 1917

Undertaker, [illegible]

Place of Business, 30 Harlem Ave

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88052 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1885 BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Stalska

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 1132 S. Bond St.

Cause of Death, First (Primary), Croup (True)

Second. (Immediate),

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov 28th 85

Undertaker, G. France

Place of Business, Frank & Wolfe's *Address,* 243 Aisquith

John H. Kehlenger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88033 *Office of Registrar of Vital Statistics.* Ward 5R

HEALTH DEPARTMENT NOV BALTIMORE, MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 27th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude H. A. Rieger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 13 *Years,* 0 *Months,* 20 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 153 N Caroline St

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate),

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Nov 29/85

Undertaker, Jas P Byrnes

Place of Business, Eq Av

D W Cathell M. D.
Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

... of this Certificate.

Health Department, City of Baltimore.

Permit No. 88057 *Office of Registrar of Vital Statistics.* Ward 7 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1885 BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, November 25 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Kraft

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* 3 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Teacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 4 Years

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 283 N. Amer St

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Nov 28 th 1885

C. N. Thomas, M. D.
Medical Attendant.

Undertaker, John Kenney

Place of Business, 282 Orleans St *Address,* 66 E, Baltimore St

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Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ack of this Certificate.

Health Department, City of Baltimore.

Permit No. 88053 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 28 1885 BALTIMORE, MD

C

CERTIFICATE OF DEATH.

Date of Death, Nov 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Edgar

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Havana Cuba

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 35 Christian St.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Phthisis

Duration of Last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, St Michaels & A. Co

Date of Burial, Nov 28th 1885

Undertaker, D Emmy & Mitchell

Place of Business, 530 W. Fayette St

Truman Hall M.D.
Medical Attendant.

Address, 17 N. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

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...and Special Attention ... Physicians is respectfully ... Cook of this Certificate

Board of Health, City of Baltimore.

Permit No. 88036 *Office of Registrar of Vital Statistics.* **Ward** 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Gebert

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* —— *Months,* —— *Days,*

Color, White

Married, Single, ~~Widowed, Divorced~~ {Cross out the word not required in this line.}

Occupation ~~——~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 695 E Lanvale St

Cause of Death, First (Primary), Complication of Disease, did not attend her was called 26th inst.

Second (Immediate), Exhaustion, from shock to nervous System of Parturition 3 days

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov. 29th 1885

Geo W. Benson M. D.
Medical Attendant.

Undertaker Joseph Schaub

Place of Business, 265 Aliceanna *Address,* 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Dr. Carrel attended Patient to Labor

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88057 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 28 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 27th 10.30 PM

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Mansfield.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 3 mo. 23 da.

Place of Death, {Give Street and Number.} St. Joseph's Hospital

Cause of Death, First (Primary), Tubercular Phthisis

Second (Immediate), Exhaustion.

Duration of Last Sickness, 1 yr 15 mos

All the above information should be furnished by the Physician.

Place of Burial, E. Pick Cemetery

Date of Burial, Nov 28th 1885

Undertaker, Geo. Rinehart

Place of Business, Health Dept. *Address,* M.H. Service

F. W. Mead M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88058 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 28 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Morris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 mos. *~~Years~~,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {~~Cross out the words not~~ required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore — American —

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1 Sarratoga Court

Cause of Death, First (Primary), Inflammation of Bowels (Cholera)

Second (Immediate), Convulsions

Duration of Last Sickness, about two or three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 29 1885

Undertaker, Alex Hemsley

Place of Business, 116 Orchard St

Richard McGinny M. D.
Medical Attendant.

Address, 65 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 88059 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without the Proper Certificate.

HEALTH DEPARTMENT, NOV 28 1885, BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death. Nov 27. 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Clinton Talbot Smith

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 7 mos

Place of Death. {Give street and Number.} 4 Rose st

Cause of Death. First (Primary), Diphtheria

Second (Immediate), Croup

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 28 1885

Undertaker, Aby Hemsley

Place of Business 116 Orchard st *Address,* 201 W. Biddle st

L. Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88060 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 28 1895 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Friday Nov. 29 — 95

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Dorsey

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days*

Color, Wht

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 7 Plowman

Cause of Death, First (Primary), Dis. Heart

Second (Immediate),

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 29th

Undertaker, Wm J Schaeffer

Place of Business, 5 S. Front St

F F Moyer M. D.
Medical Attendant.

Address, 1 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

88061

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88061 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 28 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 26 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick E Murray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 325 S Frank st

Cause of Death, First (Primary),

Second (Immediate), Meningitis Tuberculous

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Nov 29 th 1885

Undertaker, Julius Koehler

Place of Business, Sharp & Cross st *Address,* 146 [illegible]

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

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Board of Health, City of Baltimore.

Permit No. 88062 *Office of Registrar of Vital Statistics.* Ward 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 28 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Bonheim

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* - *Months,* ~ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and Number.} 50 Druid Hill Ave

Cause of Death, First (Primary), Blennic Bronchetis

Second (Immediate), Dilatation of the Head

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mac Sinai Cemetery

Date of Burial, November 29 *Undertaker* Jacob Ahrens

Place of Business 28 N. Eight St *Address,*

Attended M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88063 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie F Herman Cracker (Parents)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 1 1/4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 121 Harmony Lane

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 29th 1885

Undertaker, J B Cook

Place of Business,

James A Cleary M. D.

~~Medical Attendant.~~

Address, Conway & B

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Edward J Cloyett

Baltimore Md

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88064 *Office of Registrar of Vital Statistics.* Ward 37

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 28 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 27 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jackson Jamison

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Clark Co Virginia

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give Street and Number.} No 194 Sterling st

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Boyce Clark Co Va

Date of Burial, Nov 29th 1885

Undertaker, Henry Sales

Place of Business, 194 Sterling St *Address,* Consumption

James A Glenn M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry McMcKewen Sanitary Inspector [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88065 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 26/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Owens

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* ——— *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 52 Pendleton

Cause of Death, First (Primary), ———

Second (Immediate), Membranous Croup

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem Sec B

Date of Burial, Nov 28 1885

Undertaker, Wilson Lange

Place of Business, 62 East Pratt

J. Lehmann M. D.
Medical Attendant.

Address, 44 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 88066 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 28 1885 BALTIMORE, MD

CERTIFICATE OF DEATH

Date of Death, Dec 28, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Apt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Sexton

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give Street and Number.} 73 Fred ave

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Catonsville Balto Co.

Date of Burial, Nov 29/85

Undertaker, J P Paulus

Place of Business, 1066 Frederick Ave

James Bosley M. D.
Medical Attendant.

Address, 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88067 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Elizabeth Mack

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 2½ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 383 S Charles st

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Nov 29th 1885

Undertaker, Daniel Flynn

Place of Business, 109 West st

Ernest Stern M. D.

~~Medical Attendant.~~

Address, Cor 16th & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. Henry M McKewen Sanitary Inspector [over.]

...k of this Certificate.

Health Department, City of Baltimore.

Permit No. 88068 *Office of Registrar of Vital Statistics.* Ward 15-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 27/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esadania Jones

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 19 mos.

Place of Death, {Give Street and Number.} 5 Burke Pl

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, December 30 1885

Undertaker, Hercules Ross

Place of Business, 96 Lexington St W

Lew J Preston M. D.
Medical Attendant.
Balto Poly Clinic

Address, 122 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88069 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Deem

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 12 Douglas st

Cause of Death, First (Primary), Mal-Nutrition

Second (Immediate), Inanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cem

Date of Burial, Nov 29th 1885

Undertaker, H Ross

Place of Business, Conway st *Address,* [illegible] Conway 6 & 12

James A Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. Henry M McKewen Sanitary Inspector [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88070 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, November 28th, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry G. Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give Street and Number.} 183 S. Sharp St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 7 or 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 30th 1885

Undertaker, Ernst Dahlman M. D. Medical Attendant.

Place of Business, 181 Sol. Sharp *Address,* 161 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...Book of this Certificate

Board of Health, City of Baltimore,

Permit No. 88071 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 29 1935 BALTIMORE

Date of Death, Nov 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred Bouie

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* ~~Months~~, Thirteen *Days,*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Stone Splitter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and Number.} No 30 Whatcoat St

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, Three Months

the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial Nov 29th 1885

Undertaker Saml W Chase

Place of Business, 198 E Howard St

Wm Sup Barnes, M. D.
Medical Attendant.

Address, 284 N. Stricker St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88074 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 25 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Hewett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 262 Fremont Ave Balto City

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bur. St Louis

Date of Burial, Nov 29th 1885

Undertaker, Saml W. Chase

Place of Business, 198 S Howard St

C. L. Bose M. D.
Medical Attendant.

Address, 177 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88073 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Black

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 37/10 *Years,* *Months,* *Days*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charlottesville Va

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give Street and Number.} # 19 Arch St.

Cause of Death, First (Primary), Haemorrhage & Prostration

Second (Immediate), Following Miscarriage

Duration of Last Sickness, Thirteen days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov 29th 1885

Undertaker, Saml McClure

Place of Business, 198 S. Howard St

C. W. Nefft M. D.
Medical Attendant.

Address, 306 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88074 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29' 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gotlon Lowenthal

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Refl. Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give Street and Number.} 227 N. Hunt st

Cause of Death, First (Primary), Suffocated from

Second (Immediate), illuminating gas

Duration of Last Sickness, about 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Phila Rd Hale

Date of Burial, Nov 29th 1883

Undertaker, B. Hale

Place of Business, West St

Wm A Fiset M. D.

Coroner ~~Medical Attendant.~~

Address, ~~No~~ 326 Hollins st City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 88075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, November 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Grace

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 57 *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot County Md.

Duration of Residence in the City of Baltimore, Eighteen Years

Place of Death, {Give street and number} #47 W Fayette St

Cause of Death {First, (Primary,) Phthisis Pulmonalis

{Second, (Immediate,) Exhaustion

Duration of last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 26/85

Undertaker, Chas. T. Devries

Place of Business, 27 N. Eutaw

P. S. Fiery M. D.
Medical Attendant.

Address, 507 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88076 *Office of Registrar of Vital Statistics,* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Inzicka

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Russian

Age, Years, 7 Months, 25 Days

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 219 N. Bond St.

Cause of Death, First (Primary), Meningitis

Second (Immediate), ~~Two months.~~ Convulsions

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Most Hole Richmond

Date of Burial, Nov. 29. / 85

Undertaker, Frank Loach & Co.

Place of Business, 249 N. Durham *Address,* 95 Park Ave

A. H. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8807 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 30 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 28th November 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie D. Chappell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months.* 9 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 300 Mosher St.

Cause of Death, First (Primary), Dilatation of Heart

Second (Immediate), Asthenia

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 30th 85

Undertaker, Wm. Seewald

Place of Business, 35 S. Eutaw

H. W. Owings M. D.
Medical Attendant.

Address, 364 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88078 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 28 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Pembleton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days*

Color, Bck

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} S Clarkson al

Cause of Death, First (Primary), Inanition

Second (Immediate), Abscess

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Novem 30 1885

Undertaker, H. Ross

Place of Business, 95 Cor Hay St

R McO Ellis M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88079 *Office of Registrar of Vital Statistics.* Ward 1 St.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 28 Nov 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Mary Ann Young
Mary Ann Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3y *Years,* — *Months.* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Seamen

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 467 Lancaster Ave. Balt.

Cause of Death, First (Primary), Chronic Tuberculous Laryngitis

Second (Immediate), Asthenia.

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. [illegible]

Date of Burial, Dec 1 6 1885

Undertaker, John Kennedy

Place of Business, 384 Orleans St *Address,* [illegible]

B. Lemmon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...of this Certificate

Board of Health, City of Baltimore,

Permit No. 88080 *Office of Registrar of Vital Statistics.* Ward 12 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 1895 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Staengler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 25 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 25 Days

Place of Death, {Give street and Number.} 419 Penn ave

Cause of Death, First (Primary), Lues Pitia

Second (Immediate), "

Duration of Last Sickness, 25 Days

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 30 the

Undertaker Andrew Rohde

Place of Business, 218 Penna Ave

H. Schneider M. D.
Medical Attendant.

Address, 506 Mad ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 88081 *Office of Registrar of Vital Statistics.* Ward 13 1

HEALTH DEPARTMENT DEC 7 1895 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 29 Nov. 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlie L. Robertson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 104 Parkin St.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 104 Parkin St

Cause of Death, First (Primary), Membranous Croup

Second (Immediate),

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov. 30 '1895

Undertaker, J. B Cook

Place of Business, 707 & 1 Balto St *Address,* 574 W. Fayette

J. Thos Hood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88082 *Office of Registrar of Vital Statistics,* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 29. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Wolf

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 66 N. Shricker

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 1. 1885

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

H. G. Linthicum M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

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Permit No. 88083

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 30 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Munday

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 38 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Superintendent of Stable

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Kentucky

Duration of Residence in the City of Baltimore, Since January last

Place of Death, {Give street and number.} 23 Arlington Ave

Cause of Death, {First (Primary,)} Typho-Malarial Fever

{Second (Immediate,)} Acute Catarrhal Phthisis

Duration of Last Sickness, Since 12th of September 1885

All the above information should be furnished by the Physician.

Place of Burial, King George's Co. Va. by Boat

Date of Burial, Jan 29 1885

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Dr. Smith M. D.

Medical Attendant.

Address, Charles & Centre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88084 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eleanora Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* 1 *Months,* 18 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 312 N. Gay Street

Cause of Death, First (Primary), Miscarriage

Second (Immediate), Septic Peritonitis

Duration of Last Sickness, Ten (10) Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ct

Date of Burial, Dec 1st 1885

Undertaker, Henry Hook

Place of Business, 809 N. Caroline *Address,* [illegible]

J. W. Slover M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88085 — *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Addelsteni

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* —— *Months,* — *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 Years.

Place of Death, {Give Street and Number.} 142 E Madison St.

Cause of Death, First (Primary), Paralysis of Heart

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, Drunk with Death.

All the above information should be furnished by the Physician.

Place of Burial, M. Alp. Ground Ch

Date of Burial, November 30th 1885

Undertaker, Henry Hoeck

Place of Business, 309 W Central *Address,* 25 Fremont Ave

J. H. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...A of This Certificate.

Health Department, City of Baltimore.

Permit No. 88086

Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Foley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Stationer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 822 W Balto St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), " 4

Duration of Last Sickness, 16 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Dec. 1st 85

Undertaker, Matthew Cadogan

Place of Business, 27 Mulberry St *Address,* 179 N Howard St

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...this certificate.

Health Department, City of Baltimore.

Permit No. 88087 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NO. 1 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 29th November 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick Jordan -

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty one (21) *Years,* ..... *Months.* ..... *Days*

Color, Colored -

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Porter -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} Baltimore Md 94 Camden St.

Cause of Death, First (Primary), Tuberculosis -

Second (Immediate), Laryngeal & disseminated tuberculosis

Duration of Last Sickness, about three weeks in bed -

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, Dec 1st 85.

Undertaker, Wm J. Gray

Place of Business, 65 Mulberry St *Address,* 47 Franklin St.

W. C. van Bibber M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...or this Certificate.

Health Department, City of Baltimore.

Permit No. 88088 *Office of Registrar of Vital Statistics.* Ward 7 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death Nov 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Shott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} Broadway No 248

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 1st 1885

Undertaker, D Carey & Wilcox

Place of Business, 150 W Fayette Address, Exeter st

C S Brohon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore.

Permit No. 88089

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 29. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Guilelmina Pickett Maguder

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* 7 *Months,* 19 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 68 Franklin St Baltimore

Cause of Death. First, (Primary.) Valvular Disease of Heart

Second, (Immediate.) " "

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Dec 1st 1885

Undertaker, ~~Hen~~ Jenkins Son

Place of Business, Park & Saratoga

Robt W Johnson M.D.,
Medical Attendant.

Address, 64 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

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Permit No. 88090

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Perkins

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 66 *Years,* 4 *Months,* 27 *Days.*

Color, White *Sex,* M.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Natchez, Miss.

Duration of Residence in the City of Baltimore, 8 Wks

Place of Death, { Give street and number. } Albion House

Cause of Death, First (Primary,) Pneumonia Senile

" Second (Immediate,) exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 1st 1885

W. T. Howard M. D.
Medical Attendant.

Undertaker, Henderson & Sons

Place of Business, Park & Saratoga *Address* 181 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

...spectfully invited to the [illegible] below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88091 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT NOV 30 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov 27 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Franklin Shepherd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* 1 *Months,* 7 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Annealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} SE Wm & Clement

Cause of Death, First (Primary), Fistula in ano

Second (Immediate), Phthisis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 30th 1885

Undertaker, Hugh Ennis & Son

Place of Business, Park & Saratoga

Thomas Corbin M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

8 11

Permit No. 88092

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, Nov 28 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Earp

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Phila, Pa.

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} 21 W. Biddle

Cause of Death, First (Primary,) Bright's disease

Second (Immediate,) Uraemia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia

Date of Burial, Dec 1st 1885

Undertaker, Henry Knox Sons

Place of Business, Park & Saratoga

L McLane Tiffany M. D.
Medical Attendant.

Address 187 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3952 Transit

[OVER.

Health Department, City of Baltimore.

Permit No. 88093 *Office of Registrar of Vital Statistics.* Ward 1 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Deegan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Non

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} No 3 Potomac St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Diphtheria

Duration of Last Sickness, 3

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetry

Date of Burial, Nov 30/85 2 O'clock

Undertaker, M. Doyle

Place of Business, 208 S. Charles St

J E Pinckard M. D.
Medical Attendant.

Address, 28 O' Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88094 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 BALTIMORE, MD

CERTIFICATE OF DEATH.

B

Date of Death, Nov. 29th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gosnell

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 84 *Years,* ..... *Months,* ..... *Days*

Color, W

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give Street and Number.} 210 E. Madison

Cause of Death, First (Primary), Calculus

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown

Date of Burial, Dec 1/1885.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St

A. T. Reynolds M. D.
Medical Attendant.

Address, 186 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 8 0 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88095 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Reuter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} E. Creek Alley

Cause of Death, First (Primary), [illegible]

Second (Immediate), Phthisis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 1st 1885

Undertaker, Julius Koehler

Place of Business, Sharp & Crozat

by Theodore Cotta M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ease see Rules and Regulations respecting the Returns of Deaths, and the List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88096 *Office of Registrar of Vital Statistics,* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1885 BALTIMORE

74

CERTIFICATE OF DEATH.

Date of Death, Nov. 30/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 4 *Months,* —— *Days*

Color, White.

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion.

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathl. Lots

Date of Burial, Dec 1st 1885

Undertaker, Harwood Lake

Place of Business, Division St

R. He. Goldsmith M. D.
Medical Attendant.

Address, Hanover & Colvin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...spondent will please ... inquiries in respect thereto in view of the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88097 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Nov 30 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruben Logue

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, 63 *Years,* 2 *Months,* 9 *Days*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} United States Maryland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 369 N. Durham

Cause of Death, First (Primary), Hemorrhage in Brain

Second (Immediate), Paralysis

Duration of Last Sickness, Abt 24 hours {This is the 3rd Attack}

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, December 3rd '85

Undertaker, Geo Schilling

Place of Business, Ashland Square *Address,* 242 N. Bond

E. J. Timms M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88098 *Office of Registrar of Vital Statistics.* Ward 4 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ *four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 30 1885 BALTIMORE MD

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CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Jackson

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 58 *Years,* —— *Months,* —— *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lancaster. Pa.

Duration of Residence in the City of Baltimore, 23 years.

Place of Death, {Give Street and Number.} 52 East, Balto. St.

Cause of Death, First (Primary), Inflammation bowels

Second (Immediate), Intussusception or Strangulation of bowels

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, N East Cecil Co

Date of Burial, Dec 1 1885

Undertaker, James O Byrne

Place of Business, No 63 1885

Wm H Norris —— M. D.
Medical Attendant.

Address, 154 E Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3954 Francis

[over.]

Board of Health, City of Baltimore,

Permit No. 88099 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, November 29/1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Foster

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Fancy dress dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Union Co. Pennsylvania

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} No 465 W. Carey St

Cause of death, First, (Primary,) Pleurisy and Pneumonia

Second, (Immediate,) Ch-Sup. Pneumonia

Duration of Last Sickness, About 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, December 1

Undertaker, H. Weaver

Place of Business, N Eutaw 202

R. H. Mifflin M. D.,
Medical Attendant.

Address, 188 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 88700 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 30 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mordie Levin

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Twelve *Years,* Three *Months,* ——— *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First, (Primary,) Brights Disease

Second, (Immediate,) Coma

Duration of Last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial Hebrew Cemetery Trappe Rd

Date of Burial, Dec 1st Tuesday

Undertaker, Evans & Spence

Place of Business, 60 E. Balto St

I. J. V. Feldman M. D.,
J. A. Bruntrom
Medical Attendant.

Address, 60 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 8801 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 30 1885 BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, November 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Francis Carr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 7 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Infant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 241 S Sharp St

Duration of Residence in the City of Baltimore, always

Place of Death, {Give Street and Number.} 241 S Sharp St

Cause of Death, First (Primary), Imperfect closure of foramen ovale

Second (Immediate), Concession

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea Cem

Date of Burial, Dec 1" 1885

Undertaker, D Emig & Nicholas

Place of Business, 550 N Fayette *Address,* 209 N Lombard St

F Nesh M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...r this Certificate.

Health Department, City of Baltimore.

Permit No. 88102 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE DEC 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 28th November 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Joseph Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Twenty five 25 *Years,* (11) Eleven *Months.* Born on 7th May *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shirt Cutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore. Life-time

Place of Death, {Give Street and Number.} No 25 Etting Street. Baltimore,

Cause of Death, First (Primary), Tuberculosis.

Second (Immediate), Pulmonary Tuberculosis.

Duration of Last Sickness, About five weeks in bed. the disease of

All the above information should be furnished by the Physician. some years duration.

Place of Burial, St Alphonsus Lexington.

Date of Burial, Dec 1st 1885

Undertaker, Henry Dorfmann

Place of Business, 63 N. Eden St *Address,* 47 Franklin St.

W. C. VanBibber M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88103 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1885 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Nov. 29, 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Gamble

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 52 Stockholm St.

Cause of Death, First (Primary), Phthisis

Second (Immediate), Atelectasis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 2nd 1885

Undertaker, Hercules Ross

Place of Business, Conway St *Address,* 177 Sharp St

W. S. Bowie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore.

Permit No. 88104 *Office of Registrar of Vital Statistics.* Ward 11 er

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1885 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Massey

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,*

Color Cd

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and Number.} 588 Monument st

Cause of Death, First (Primary), Probably Consumption, seen by me

Second (Immediate), but a short while before death, has

Duration of Last Sickness been under an Attend Dr

All the above information should be furnished by the Physician.

Place of Burial Shanpst Cemetery

Date of Burial, December 1 1885

Undertaker Abey Hemsley

Place of Business, 116 Orchard st

R. Winslow M. D.

~~Medical Attendant.~~

Address, 20 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

Permit No. 88105 *Office of Registrar of Vital Statistics.* Ward 12 -1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 11-28-85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. A. J. Thompson

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* 7 *Days,*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 24 Bolton st

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) General muscles

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Olivet St Cemetery

Date of Burial, Dec 1st 1885

Undertaker, Chas Hennessy

Place of Business, 116 Orchard st

J. M. Eastman M. D., Medical Attendant.

Address, 349 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 88106

Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH DEC 4 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, November 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Watkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co - Md

Duration of Residence in the City of Baltimore, 30 yrs -

Place of Death, {Give Street and Number.} 145 Pierce St -

Cause of Death, First (Primary),

Second (Immediate), Intermittent fever, Congestion

Duration of Last Sickness, -

All the above information should be furnished by the Physician.

Place of Burial, Shorter Cemetery

Date of Burial, Dec 2 1885 -

Undertaker, William Burger

Place of Business, 62 East St

Sn A Bell M. D.
Medical Attendant.

Coroner

Address, 141 E Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...this Certificate.

Health Department, City of Baltimore.

Permit No. 88107 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 29 '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Stewart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days*

Color, Colored

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} V

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot County Md

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Chronic interstitial nephritis

Second (Immediate), Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Shopert Cemetery

Date of Burial, Dec 1 1885

Undertaker, William Dorsey

Place of Business, 62 East St

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

52 a

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 88108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} 8 Forest St

Cause of Death, First (Primary,) Childbirth

Second (Immediate,) Septic Fever, Exhaustion

Duration of Last Sickness, Thirty five days

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, Dec 1 1885

Undertaker, William Dorsey

Place of Business 62 East St

Samuel J Bell M.D.
Medical Attendant.

Address 134 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88109 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months.* 21 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Nursery & Childs Hospital

Cause of Death, First (Primary), General Debility

Second (Immediate), Acute Bronchitis

Duration of Last Sickness, 2 ~~wk~~ 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Londenderry

Date of Burial, Dec 1

Undertaker, C W Blessend

Place of Business, 207 Druid

H. S. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88110 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milly L. Ritter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Chase Station Balt. Co. Md.

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give Street and Number.} Nursery & Child's Home

Cause of Death, First (Primary), Marasmus

Second (Immediate), Whooping Cough

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 1

Undertaker, E. W. Bluford

Place of Business, 20 Light

Jno. S. Latimer M. D.
Medical Attendant,

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 8811 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 1 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov ~~Dec~~ 30" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Hooper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} √

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Dairy Life

Place of Death, {Give Street and Number.} 611 N Amer St

Cause of Death, First (Primary), Chill Birth

Second (Immediate), Metritis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C.

Date of Burial, Dec 2

Undertaker, B. F. Mault

Place of Business, 82 West St

O. A. Corke M. D.
Medical Attendant.

Address, 110 Forest

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 88112 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT REC'D BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislaus Kinjeski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} ~~#~~ 213 S. Linn St

Cause of Death, First (Primary), Croup (True)

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery

Date of Burial, December 2 85

Undertaker, Fr. Evers & Co

Place of Business, 28 S. Linn St

John H. Rehberger M. D.
Medical Attendant.

Address, 743 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88113 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 30, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton B Mears

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 218 W Fayette pr

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec 2/85

Undertaker, Denny & Mitchell

Place of Business, 550 N Fayette

James Bosley M. D.
Medical Attendant.

Address, 219 Hollins ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

... this Certificate.

Health Department, City of Baltimore.

Permit No. 88114 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Monday Nov 30 1.30 A M

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Schulze

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 4 *Months,* 16 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, All its life.

Place of Death, {Give Street and Number.} 121 E. Biddle St

Cause of Death, First (Primary), Gastro Enteritis

Second (Immediate), Croup. Apparent

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 2 1st

Undertaker, H C Wiedefeld

Place of Business, 60 Greenmount Ave

J. B. Saunders M. D.
Medical Attendant. City Hosp.

Address, 102 E Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...his Certificate.

Health Department, City of Baltimore.

Permit No. 8815 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene C. Sullivan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 23 N. Eden St

Cause of Death, First (Primary), Premature Birth & Consumption

Second (Immediate), Chronic Poisoning

Duration of Last Sickness, 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Dec 2d 1885

Undertaker, Henry W. Mears

Place of Business, #22 W. Fayette St *Address,* 54 Eutaw St

Edward J. McDevitt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 88116 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1885 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, 30th November 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 48 *Years,* 8 *Months.* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Queen anne. Md.

Duration of Residence in the City of Baltimore, 46 Yrs

Place of Death, {Give Street and Number.} 758. Montgomery St.

Cause of Death, First (Primary), Sub. Acute. Rheumatism

Second (Immediate), Spinal irritation et Exhaustion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 2 1885

Undertaker, H Ross

Place of Business, 95 Low Harf St

L. D. Gill M. D.
Medical Attendant.

Address, 146. Hull St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks Section, and to List of Diseases on page 3 of this Certificate.

Health Department, City of Baltimore.

Permit No. 88117 *Office of Registrar of Vital Statistics.* 1885 Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, Dec. 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Hubet

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 9 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 146 Hoff St Canton

Cause of Death, First (Primary), (Harris) Pneumonia

Second (Immediate),

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery

Date of Burial, December 20th

Undertaker, John C Smith

Place of Business, [illegible] *Address,* 243 Alice Anna St

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88118 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Dec 1st, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Clement Osman.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 53 Hill St.

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Diphtheria

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Dec 1/85

Undertaker, Michael Doyle

Place of Business, 200 S. Charles

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8819

HEALTH DEPARTMENT
DEC 7 1885
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Nov 29 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. C. McCormack

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 602 Druid Hill Av. X Townsend

Cause of Death, First (Primary,) Inflammation of Brain

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Decbr 1st 1885

J McLane Tiffany *M. D.*
Medical Attendant.

Undertaker, H. Sander & Son

Place of Business, 252 Carlton Av *Address* 137 Park Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...is Certificate.

Health Department, City of Baltimore.

Permit No. 88120 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 1 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith J Maxwell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Your life time

Place of Death, {Give Street and Number.} Randall St & Battery Ave

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 38 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 1/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto *Address,* 146 Hanover

Edward Otto M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 8824 *Office of Registrar of Vital Statistics.* Ward 132

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 1 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 1st 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Clarence G. & Mary Wescott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* —— *Months,* 8 hours ~~Days~~

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 39 S. Schroder

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 39 S. Schroder

Cause of Death, First (Primary), Miscarriage at 6 mo. Non

Second (Immediate), viability =

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, December 1st

Undertaker, J B Cook

Place of Business, 707 W. Baltimore

W. F. A. Kemp M. D.
Medical Attendant

Address, 55 No. Grume St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 88122

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Vodicka

Sex, Male or Female, {cross out the word not required in this line.}

Age, 19 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} From Bohemia

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number} 21 Barnes St

Cause of Death First, (Primary,) Phthisis Pulmonalis Heart complicated

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 2nd 1885

Undertaker, J. Evach & Co

Place of Business, 249 N. Durham *Address,* 86 W Preston St

Geo Walls M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88123 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, November 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Barry

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months.* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 years -

Place of Death, {Give Street and Number.} 397 E. Madison st -

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), Malaria Fever -

Duration of Last Sickness, One week -

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 2d

Undertaker, H. C. Wiedefeld

Place of Business, 90 Guilmont Ave

Jno. L. Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8812 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Saturday November 28—85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Goldschmidt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 66 E. Pratt St.

Cause of Death, First (Primary), Bright Disease

Second (Immediate), Pulmonary Congestion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hill Point H Cemetery

Date of Burial, December 1st

Undertaker, L Ahrens

Place of Business, 28 High St *Address,* 1 So. Exeter

T. S. Mayer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

this Certificate.

Health Department, City of Baltimore.

Permit No. 8815 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

PUBLIC REGISTRATION DEC 1 1885 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. O'Mahoney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} N. W. Cor Hollins & Arlington ave

Cause of Death, First (Primary), Membranous Croup

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 2nd /85

Undertaker, M Corrigan

Place of Business, 227 Hulbert

Edwd F. McHolland M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88126 *Office of Registrar of Vital Statistics.* Ward 7E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY HEALTH DEPT. DEC 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Fondel Bauman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months.* *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.} Widower

Occupation, Inmate

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany Dont Know

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Inst. Little Sisters

Cause of Death, First (Primary),

Second (Immediate), Age & Infirmity

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Our Redeemer

Date of Burial, Dec 2nd 1885

Undertaker, Henry Hoch

Place of Business, 308 N. Central Av

Geo. Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8812 *Office of Registrar of Vital Statistics.* Ward 21

HEALTH DEPARTMENT DEC 27 1883 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 27 1883 Kunicke

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Dinkmeier

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 6 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1 N. 19th St. Residence

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Evangelical cem

Date of Burial, Decbr 29th 1883

Undertaker, H. Sauter & Son

Place of Business, 252 Canton Ave Address, 911 S. Broadway

W. H. Walsh, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE

Permit No. 88128 *Office of Registrar of Vital Statistics.* Ward 2 4/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, November 30 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Anderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 28 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Not known

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Not known

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give Street and Number.} Back Basin foot of Charles St.

~~Cause of Death~~, First (Primary), Accidental Drowning

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Bal. Cemetery

Date of Burial, Dec 1st 1885

Undertaker, M. Dissen

Place of Business, Health Office *Address,* 128 Aug 2nd

C. H. Reed M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...ases on the back of this Certificate.

Health Department, City of Baltimore.

Permit No. 28129 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 2 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Carroll

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 21 *Days*

Color, cd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 1 Bruce St. bet Edmonson ave

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, Life Time

All the above information should be furnished by the Physician.

Place of Burial, Shaws Cemetery

Date of Burial, Dec 2/85

Thos. A. Clemens M. D. Medical Attendant.

Undertaker, W. H. Dungan

Place of Business, Excl 5A *Address,* Camp & C.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo. E. Brown
Sanitary Inspector

No. 88130

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT DEC 2 1885 RECEIVED

Permit No. 88130 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 1st '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Grahame

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* ~~ *Months,* ~~ *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland, 16 years

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give Street and Number.} University Hospital

~~Cause of Death~~, First (Primary), Epithelioma of leg

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 3° 1885

Undertaker, John J. Meaher

Place of Business, No 150 Camden

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the c[illegible] and date of death.

...this Certificate.

Health Department, City of Baltimore.

Permit No. 88131 *Office of Registrar of Vital Statistics.* Ward 3

HEALTH DEPARTMENT DEC 2 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Willhelm Kumlehn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 353 E Fayette st

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 3rd 1885

Undertaker, John Herwig

Place of Business, 382 Orleans st

Thos F Stevens M. D.

~~Medical Attendant~~

Address, Cor C & V R R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. Henry M McKewen Sanitary Inspector [OVER.]

Health Department, City of Baltimore.

Permit No. 88132 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, December 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H. Lemon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 30 Lancaster St. Noms alley near McHenry

Cause of Death, First (Primary),

Second (Immediate) Enterocolitis

Duration of Last Sickness, 6 Mons —

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Dec. 3/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 582 N. Eutaw

M. McHenry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE

Permit No. 88133 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Eder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} # 263 Albemarle

Cause of Death, First (Primary), Burn

Second (Immediate), Shock

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius Cem.

Date of Burial, Dec. 3rd 85

Undertaker, G. France — John H. Rehberger M. D.

Medical Attendant.

Place of Business, Bank & Wolfe *Address,* 243 Albemarle

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ... this Certificate.

Health Department, City of Baltimore.

Permit No. 88134. *Office of Registrar of Vital Statistics.* Ward 1 8th

HEALTH DEPARTMENT, DEC 2 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Perfect Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Khelsen

Sex, Male or Female, {Cross out the word not required in this line.} Male Khelsen

Age, 3 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 7 Canton St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Croup

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Dec 3rd

Undertaker, Chas C Schultz

Place of Business, 915 Aliceanna *Address,* 53 Eden

E. Fenlon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore, 19

Permit No. 88135

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, Dec 2. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} No Name

Sex, Male or Female, {Cross out the word not required in this line.} Male Chas H. & Harriet Rinaizer (Parents)

Age, ~~~~ *Years,* ~~~~ *Months,* 3 *Days.*

Color, Colored

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.} ~~~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 77 Hargrove alley

Cause of Death, {First (Primary,) Premature Birth

{Second (Immediate,) Tetanus Neonatorum

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 3d/1885

Undertaker, Alex Hemsley

Place of Business, 116 Orchard St

Thos. J. Ware M. D.
Medical Attendant.

Address 127 St Paul St

OVER

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88136 *Office of Registrar of Vital Statistics.* Ward 1st

HEALTH DEPARTMENT BALTIMORE MD. DEC 2 1885

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred Vogel Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, 1 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bells City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 19 Fountain St

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 2nd 1885

Undertaker, Fred Vogel

Place of Business, 19 Fountain St

D. Kidd M. D.
Medical Attendant.

Address, 24 E. Pleasant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Health Department, City of Baltimore.

Permit No. 8813 *Office of Registrar of Vital Statistics,* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth B. Deimel

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} female

Age, 65 *Years,* ..... *Months,* ..... *Days*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} widow

~~*Occupation,*~~ .....

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} 315 E. Chase st

Cause of Death, First (Primary), Consumption

Second (Immediate), Paralysis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Ft. Alsbourgius Cem.

Date of Burial, Dec. 4th 1885

Undertaker, A. Fink & Son

Place of Business, 461 N. Gay St

C. G. Dausch M. D.

Medical Attendant.

Address, 325 E. Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88138 *Office of Registrar of Vital Statistics.* Ward 21

HEALTH DEPARTMENT DEC 19 BALTIMORE, MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

83

CERTIFICATE OF DEATH.

Date of Death, Dec. 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Kreuz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} # 324 S. Bond St.

Cause of Death, First (Primary), asthma

Second (Immediate), Pneumonia

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, 22 December

Undertaker, W. Dippel

Place of Business, 120 S. Bond St.

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 88139 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE
DEC 2 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Webb

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 36 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth} Portsmouth Virginia

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} 429 E. Chase street

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) General Prostration

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Dec 3. 1885.

James E. Whitford M. D.,
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* 195 Aisquith street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 88149 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1885 BALTIMORE MD.

CERTIFICATE OF DEATH. 74

Date of Death, Dec. 2 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Benedict.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days* 7

Color, White -

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St Vincents Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, New Catholic Lot

Date of Burial, Dec 3rd 1885

Undertaker, Hammond Lake

Place of Business, Division St.

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88141 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ulrich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 62 Camden st

Cause of Death, First (Primary), Heart disease (Valvular)

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial, Decem. 3

Undertaker, A. Rohde

Place of Business, Penna ave

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 66 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88142 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 2 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Decemb. 2d 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frantz Hartmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* 9 *Months,* *Days*

Color, Col.

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.} ✓

Occupation, House keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 325 W Biddle St

Cause of Death, First (Primary), Cystic Chronic

Second (Immediate), Uraemia

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 4 th

Undertaker, Andrew Rohde

Place of Business, 44 Penna Ave

Hartmann M. D.
Medical Attendant.

Address, 25 E Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88173 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 3 1885
BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, December 1. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luan Johnson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color, Colard

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Wash & Ironing or Whit Washing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 2.62 Lit the Eutow St

Cause of Death, First (Primary), Dropsy

Second (Immediate), Old Cites

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Decem 3 1885

Undertaker, H Ross

Place of Business, 96 Eon Ways St

F Wheeler M. D.
Medical Attendant.

Address, No 36 Lane St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 88147 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1885 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, December 2d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Fanny L. Curry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Fifty Two *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 114 North Bond Street

Cause of Death, First (Primary),

Second (Immediate), Cancer of the Stomach

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Dec 4

Undertaker, Walter Immel

Place of Business, 315 W Pidder

Wm H. Clendinen, M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88145 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Lee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundle Co Md

Duration of Residence in the City of Baltimore, Long

Place of Death, {Give Street and Number.} 36 Caroline St.

Cause of Death, First (Primary), Phthisis

Second (Immediate), Hemorrhage from the lungs

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 3rd 1885

Undertaker, Saml W. Chase

Place of Business, 198 S. Howard St *Address,* 41 N Carey St

H. O. Thomas *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 88146 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 3 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

B

Date of Death, Dec. 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary Leonard

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 50 *Years,* ..... *Months,* ..... *Days*

Color, W.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Irland

Duration of Residence in the City of Baltimore, 36 yrs.

Place of Death, {Give Street and Number.} 197 Clifton Place

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Asthenia

Duration of Last Sickness, 15 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 4th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8817 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 5 1885 BALTIMORE MD.

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CERTIFICATE OF DEATH.

Date of Death, Dec 2 - 200 PM 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Holmes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 52 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Labour

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland - 25 yrs America

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Abscesses of Liver

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 wks +

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 4 th

Undertaker, H. C. Wiedefeld

Place of Business, 60 Guilford Ave

G Van Hood M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88148 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1885 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 2d 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence B. Horner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 7 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 84 Franklin

Cause of Death, First (Primary), Imperfect development

Second (Immediate), Convulsions

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 3rd 1885

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

Thomas O'Brien M. D.
Medical Attendant.

Address, 179 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88149 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 3 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Diggs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* 5 *Months,* 26 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 66 E. Washington St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, Sent 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Dec 4. 1885

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway *Address,* [illegible]

C. Field M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 6815 *Office of Registrar of Vital Statistics.* Ward 23

HEALTH DEPARTMENT DEC 3 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis N. Bradd

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give Street and Number.} Church Home, Eastern Ave & Broadway

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Kent. Co. Md

Date of Burial, Dec 4. 1885

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bury

C. D. Glenn M. D.
Medical Attendant.

Address, Church Home, Eastern Ave & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Transit 3957

[OVER.]

Health Department, City of Baltimore.

Permit No. 88151 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 1. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara F. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 6 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 143 N Wolf

Cause of Death, First (Primary), Enteritis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 3 1885

Undertaker, H. Sanders & Son

Place of Business, 352 Canton Av

J. H. Collenberg M. D.
Medical Attendant.

Address, 344 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 88152 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester & Edward Bryan Parents

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 3 *Days*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 29 Wagon Alley

Cause of Death, First (Primary), Premature Birth } 6 months

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Dec 3d 1885

Undertaker, A N Dungan

Place of Business, East St

Address, Comp 26 & 28

Thos A Lewis M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Mrs Roberts Sent Undertaker

[OVER.]

Health Department, City of Baltimore.

Permit No. 88153

Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD. DEC 3 1885

CERTIFICATE OF DEATH.

Date of Death, Dec. 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie B. Aro

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Day*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 238 N. Central ave

Cause of Death, First (Primary), Membraneous Croup

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 5th

Undertaker, Geo Schilling

Place of Business, Schilling Square

E. B. Tenby, M. D.
Medical Attendant.

Address, 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88157 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 2 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Carroll

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} 656 W. Fayette

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, Dec 4

Undertaker, Jos H Cook

Place of Business, 707 W Baltimore St

Edw J Mitchell M. D.
Medical Attendant.

Address, 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 88153 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HARRIS PRINTING CO. DEC 3 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Hammond

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Abt 65 *Years,* *Months,* *Days*

Color, Colored

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Steam boat Fireman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} 244 Hughes St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W P Cemetery

Date of Burial, Dec 3d 85

Undertaker, Fred'k Kirchner

Place of Business, 30 Harlem Ave

S. A. Bell M. D.

~~Medical Attendant~~ Coroner

Address, 161 S Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 88156 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 3 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 12. 2. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah F Sines

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 6 *Months,* *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and Number.} 28 Vincent ave

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, Dec 4 1885

Undertaker, William N Dungan

Place of Business, No 62 East St

Wm Eshman M. D.,
Medical Attendant.

Address, 249 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3958 Frances

Health Department, City of Baltimore.

Permit No. 88157 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 3 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec. 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ana Cubley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 16 Elbow Lane

Cause of Death, First (Primary),

Second (Immediate), Heart disease

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Decem 4 1885

Undertaker, H Ran

Place of Business, 96 E Lan Way St *Address,*

R. M. Hoal *M. D.*
Medical Attendant.

262 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88158

Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Taylor

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 36 Fortar

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Paralysis Heart

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dec 3d

Undertaker, Beale

Place of Business, 82 West st

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fortar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88159 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Nov~~ Dec 1st 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Pearce

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 51 *Years,* 2 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give Street and Number.} 57 Hanover St

Cause of Death, First (Primary), Heart disease

Second (Immediate), Apnoea

Duration of Last Sickness, 6 hrs

All the above information should be furnished by the Physician.

Place of Burial, Cemetery Jersey

Date of Burial, Dec 4

Undertaker, B. Hall

Place of Business, 82 Mort St

Rito Ellis M. D.
Medical Attendant.

Address, 333 Light St

HEALTH DEPART. DEC 4 1885 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3959 Fremont

Board of Health, City of Baltimore,

Permit No. 88160 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, December 3d 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Jane Miller

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 38 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Rappahannock Co Va

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,) Blood Poison

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Culpeper Court House Va

Date of Burial, Dec 5

Undertaker, C W Blezard

Place of Business, 201 N Eu *Address,*

H H Whitson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

3960 Pansit

Health Department, City of Baltimore.

Permit No. 88161 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPART... DEC 4 ... BALTIMORE

Date of Death, Dec 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie April

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 4 Months, 15 Days

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bay View Asylum

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Nursery & Child Home

Cause of Death, First (Primary), General Debility

Second (Immediate), Hooping Cough

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 4

Undertaker, C. W. Bloom

Place of Business, 98

Thos. S. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8812 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec ~~Feb~~ 2 1885 Dec

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Williams

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* 9 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 53 S Eutaw St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, November 4th 1885

Undertaker, Bernard Hahn

Place of Business, 82 West St.

Theodore Dorsey M. D.
Medical Attendant.

Address, 1462 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88163 *Office of Registrar of Vital Statistics.* Ward 18 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 Dec 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Ferrin White

Sex, Male or Female, {Cross out the word not required in this line.}

Age, about 56 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 1°

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 94 Wilkens St

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Dropsy

Duration of Last Sickness, more than a year

All the above information should be furnished by the Physician.

Place of Burial, Baltimor Cemettery

Date of Burial, Dec 5

Undertaker, Jos B Cook

Place of Business, 707 W Baltimore St

J Wm Steed M. D.
Medical Attendant.

Address, 594 West Fay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 88164 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 2 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Goldie Estelle Doerges

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 10 *Months,* 20 *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 23 Eutaw St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Decbr 4th 1885

Undertaker, Peter Frey

Place of Business, 91 Eutaw Ave

Jno. H. Powell. M. D.,
Medical Attendant.

Address, 98 St. Paul St. Extended

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 88165

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Susan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* 10 *Months,* — *Days*

Color, wh

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 283 East Baltimore

Cause of Death, First (Primary), Laryngeal Croup

Second (Immediate),

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, 4th December

Undertaker, W M Dipsell

Place of Business, 13 1/2 Bond St

Address, Bond St

J. E. Young M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88166 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1888 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Tues Wednesday Dec 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. J. Myers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Manufacter of Straw hats

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give Street and Number.} 4 E. Pratt St.

Cause of Death, First (Primary), Prostatic Abscess, Gangrene of Scrotum & Perineal

Second (Immediate), Exhaustion

Duration of Last Sickness, Four Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, 4th December

Undertaker, W Dispel

Place of Business, 757 S. Bond St

Ulmer Hamilton M. D.
Medical Attendant.

Address, Shawsk & Thames Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88167 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT DEC 4 1885 BALTIMORE MD

Date of Death, Dec 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} St Vincents Asylum

Cause of Death, First (Primary), Debilitation

Second (Immediate), Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Dec 4th 1885

Undertaker, Raymond Lake

Place of Business, Division St. *Address,* 404 Druid Hill Ave

F. J. Flannery *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88168 *Office of Registrar of Vital Statistics.* Ward 6 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 3, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludmila " Myrna Moorra

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} "

Age, 2 *Years,* 8 *Months,* *Days*

Color, W.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} San Francisco Cal'a

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give Street and Number.} 249 Jefferson

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Meningitis

Duration of Last Sickness, about 8 months

All the above information should be furnished by the Physician.

Place of Burial, Bohemian Rocs Cem.

Date of Burial, Dec 4. 1885

Undertaker, Frank. Coach & Co

Place of Business, 249 N or Durham

H. H. White, M. D.
Medical Attendant.

Address, 633 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 88169 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... DEC 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 3rd. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdelena Roth.

Sex, Male or Female, {Cross out the word not required in this line.} —Female—

Age, 51 *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give Street and Number.} 323 S. Bond Street

Cause of Death, First (Primary), ——

Second (Immediate), Ascites

Duration of Last Sickness, About 2 Months,

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, Dec 5 1885

Undertaker, J. B. Sanders & Son

Place of Business, 252 Canton Ave *Address,* 207 S. Broadway

W. L. Dashiell Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88170 *Office of Registrar of Vital Statistics.* Ward 16 cr

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 4 1885 BALTIMORE

Date of Death, Dec 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Vanhollin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, 10 Months, Days

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 126 Burgundy St.

Cause of Death, First (Primary),

Second (Immediate), Chronic Croup

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet R.C. Cem

Date of Burial, Dec 6th 1885

Undertaker, Wm J. Tickner

Place of Business, 66 S. Eutaw St

H. W. Webner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8817 / *Office of Registrar of Vital Statistics.* Ward 5-L

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 2. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Anna Murray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 391 N Bond St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Death, Dec 5th 1885

Undertaker, Henry W. Mears

Place of Business, 22 W. Fayette St *Address,* 137 Eutaw St

J. J. Gross M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88172 — *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sakah Ellen Denby

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days*

Color, ed

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 2 Little Pine Court

Cause of Death, First (Primary), Scrofula

Second (Immediate), ...

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 4th 1885

Undertaker, C. T. Craven — Edward H. Clark M. D.

Place of Business, Eutaw & Rose — *Address,* Com. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88173

Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... DEC 4 ... BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt E Woodall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 95 *Years,* ... *Months,* ... *Days*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 167

Place of Death, {Give Street and Number.} 3 Stricker alley

Cause of Death, First (Primary), Paralysis & old age

Second (Immediate), ...

Duration of Last Sickness, three Jours

All the above information should be furnished by the Physician.

Place of Burial, Prospect Cemetery

Date of Burial, Dec 3d 1885

Undertaker, Wilson & Young

Place of Business, 62 East St

J. Smith M. D.
Medical Attendant.

Address, 356 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8817 f *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT DEC 4 1885 BALTIMORE, MD.

Date of Death, Dec 1st 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Justina Dengler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 12 *Days*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 46 Diamond St.

Cause of Death,
First (Primary),
Second (Immediate), Asthenia

Duration of Last Sickness, Same Time

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Dec 4th 1885

Undertaker, Wilhelm Berger

Place of Business, 62 E Oat St

H. Heller M. D.
~~Medical Attendant.~~ Surviving

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88175 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 4 1885 BALTIMORE

Date of Death, Dec 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ferguson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 50 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 4 1/2 months

Place of Death, {Give Street and Number.} 1511 N. Gilmore St.

Cause of Death, First (Primary),

Second (Immediate), Cancer in the breast

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, New Castle (Del)

Date of Burial, Dec 4/85

Undertaker, Jas. E. Haughs

Place of Business, Penna Ave *Address,* 2161

James A Steuart M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

2161 Fremont

Jas. E. Brown
Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 88176 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 1865 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, December 1st 1865

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Murdock

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 312 E. Fayette st.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, Seven Months

All the above Information should be furnished by the Physician.

Place of Burial, St Patrick Cemet

Date of Burial, Dec 4th 1865

Undertaker, Thos P Byrne

Place of Business, 63 E Lombard *Address* 207 S Broadway

Nicholas L Dashiell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 3d 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Catherine Fell

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Rear of 120 Saratoga

Cause of Death { First, (Primary,) Bright's Disease Kidneys, Second, (Immediate,) Uraemic Coma

Duration of last Sickness, It had existed for probably, Several Months

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Dec 5th 1885

Undertaker, Neuse End Cem Ass'n

Place of Business, Park & Lanahan

T. Chew Worthington M. D.
Medical Attendant.

Address, 373 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 88178 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 4 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Mayes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 7 l

Place of Death, {Give Street and Number.} 328 Barre St

Cause of Death, First (Primary), diphtheria

Second (Immediate), Apnoea

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, H Olivet

Date of Burial, Dec 5th 1885

Undertaker, B. Myers

Place of Business, 82 Market

Rob P. Ellis M. D.
Medical Attendant.

Address, 211 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88179 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... DEC 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4/1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise C. France

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* 9 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give Street and Number.} 361 East Fayette St

Cause of Death, First (Primary),

Second (Immediate), Cancer of Bowels = "Post-mortem"

Duration of Last Sickness, Some Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 6th

Undertaker, Wm Fry

Place of Business, Cor Mul & Broad

A Krepp Shertzer M. D.
Medical Attendant.

Address, 882 Balti St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88180 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately* filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 4 1885

Date of Death, Dec. 3. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanah Logue

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penn ~~Ireland~~

Duration of Residence in the City of Baltimore, 26 days.

Place of Death, {Give Street and Number.} Hospital

Cause of Death, First (Primary), Cancer of ovary

Second (Immediate), Asphyxia from clot on right side of heart and pulmonary embolism

Duration of Last Sickness, 5 or 10 months

All the above information should be furnished by the Physician.

Place of Burial, Buckstown Md

Date of Burial, Dec 5 1885

Undertaker, Jas C Byrne

Place of Business, 63 E. Lexington *Address,* Hospital

Williams R Glass M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore. 61 Sarratoga Street city

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

396 E Fayette

Health Department, City of Baltimore.

Permit No. 88181 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 3 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 2 Patapsco Av City

Cause of Death, First (Primary), Spasms

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 5 1885

Undertaker, H Ross

Place of Business, 95 Cor West St

C W L Barr M. D. Medical Attendant

Address, 177 Chapel St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88182 — *Office of Registrar of Vital Statistics.* — Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 6 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B. Willinger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 230 E. Chase St.

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), ...

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Ch

Date of Burial, Dec 6th 1885

Undertaker, Henry Hoeck

Place of Business, 309 W Pratt St *Address,* 283 N. Eden St.

E. B. Fenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88183 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 2d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Weitkemper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* —— *Months,* —— *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about four years

Place of Death, {Give Street and Number.} No. 23 East Biddle St.

Cause of Death, First (Primary), Old age

Second (Immediate), Exhaustion

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Pt. Alpha Cem.

Date of Burial, Dec 6 1885

Undertaker, Henry Hoerr

Place of Business, 309 N Eutaw St *Address,* 138 N. Broadway

Milton N. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 88182 — *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 5 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd " 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Collins

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 41 Years, ——— Months, ——— Days.

Color, Black

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Thirty five~~ Howard County Md City

Duration of Residence in the City of Baltimore, Thirty five years.

Place of Death, {Give street and number.} No 7 Cedar Row

Cause of death, First, (Primary,) ———

Second, (Immediate,) Phthisis

Duration of Last Sickness, Two months since confined to house.

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Dec 5th 1885

Undertaker, Saml W Chase

Place of Business, 198 S Howard

H J Hoffroth M. D.,
Medical Attendant.

Address, 205 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Health Department, City of Baltimore.

Permit No. 88185 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 5 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 4th December 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Brashears

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 82 *Years,* ——— *Months,* ——— *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} ✓

Occupation, Undertaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prince George Co Md

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give Street and Number.} 615 Baltimore St. Extended

Cause of Death, First (Primary), Old age

Second (Immediate), Paralysis general

Duration of Last Sickness, 5 years —

All the above information should be furnished by the Physician.

Place of Burial, Mount Oliver

Date of Burial, Dec 6th 1885

Undertaker, H. M. Leonard & Son

Place of Business, 782 W Baltimore

J. W. Simms M. D.
Medical Attendant.

Address, 304 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88186 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 5 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Shear

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* 6 *Months,* 10 *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stone Cutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 - 7 mos

Place of Death, {Give Street and Number.} No 364 Penna Ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 9 - weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, Dec 5 the

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

H. B. Hunt M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88187 *Office of Registrar of Vital Statistics.* Ward 19th

HEALTH DEPARTMENT DEC 5 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decbr 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles M. Rogge

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* ... *Months,* ... *Days*

Color, Colrite

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 292 N. Mount St

Cause of Death, First (Primary), Chronic Rheumatism

Second (Immediate), Asthenia

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill

Date of Burial, Dec 7th 1885

Undertaker, Kelly Finn & Wm

Place of Business, Park & Saratoga

Wm. Stoner M. D.
Medical Attendant.

Address, 1 E Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 88188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4. 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannah Lancaster

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 80 *Years,* 10 *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, ~~~~~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Co. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 275 E. Balto St

Cause of Death, { First, (Primary,) Senility

Second, (Immediate,) — — —

Duration of last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec 6, 1885

John J. King M. D.
Medical Attendant.

Undertaker, John Lake

Place of Business, 201 V Balto

Address, 215 N. Carrollton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 88189 *Office of Registrar of Vital Statistics.* Ward 11 C

The Physician who attended any person in a last illness, is responsible for the registration of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 5 1885 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, December 4th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Mitcher.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* 6 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labourer.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and Number.} 8 Biddle St.

Cause of Death, First, (Primary,) old age.

Second, (Immediate,) Respiratory Failure.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Decem. 6/885 L. B. Bond M. D.,

Medical Attendant.

Undertaker, P. J. Dill

Place of Business, 183 Columbia Ave Address, 442 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 88190 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper ~~Certificate~~.

HEALTH DEPARTMENT DEC 5 1885 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Dec 4/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Kennedy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tinner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} Cor Hollins & Smith Sts

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, Dec 6th 1885

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore St

J H Keller M. D.
Medical Attendant.

Address, 186 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88191 *Office of Registrar of Vital Statistics* Ward 16 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulu Wolbring

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give Street and Number.} 142 Little Green st

Cause of Death, First (Primary), Croup & Membranous

Second (Immediate), Asphixia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 5-85

Undertaker, John Teufel & Son

Place of Business, 379 W Pratt *Address,* 166 S. Green st.

C. L. Buddenbohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88192 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 2 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Lowry.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 72 Aisquith av.

Cause of Death, First (Primary), Cancer of Pylorus

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec. 5th

Undertaker, L. McBlizzard

Place of Business, 201 Pena Ave

Edward Mitchell M. D.
Medical Attendant.

Address, 52 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88193 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 5 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 2d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. John W. Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty Two *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester County, Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No. 324 North Gilmor Street

Cause of Death, First (Primary), "

Second (Immediate), " Cancer of the Liver

Duration of Last Sickness, Four Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 6th 1885

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette

Wm. H. Clendinen, M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88194 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 5 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, December 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm L Shantts

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Westminster Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 268 Hilton Ave

Cause of Death, First (Primary), Paralysis

Second (Immediate), Softening of the brain

Duration of Last Sickness, About 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 5th 1885

Undertaker, Denny & Mitchell

Place of Business, 550 N Fayette

C. T. Jones M.D.
Medical Attendant.

Address, 1 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 88195 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 5 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 4. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Ring

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 539 Pennsylvania Avenue

Cause of Death,
First (Primary), Acute Bright's Disease
Second (Immediate), Suppression of Urine - Uraemic Coma

Duration of Last Sickness, had been in bad health some years - about 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 6 1885

Undertaker Danl J. Mitchell

Place of Business, 530 W Fayette

Mabury Brewer M. D.
Medical Attendant.

Address, 5 & McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 88196 *Office of Registrar of Vital Statistics.* Ward 13?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, 3 Dec. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Hammer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3? *Years,* ——— *Months.* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Musician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give Street and Number.} 312 W Fayette St

Cause of Death, First (Primary), Apoplexy with Hemiplegia

Second (Immediate), Apnoea

Duration of Last Sickness, 25 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 6

Undertaker, Walter Immel

Place of Business, 315 West Bdlle.

D. F. Sonnen M. D.
Medical Attendant.

Address, 312 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88197 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEC 5 1885

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Garey

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 5 *Days*

~~*Color,*~~ Colored

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore Life

Place of Death, {Give Street and Number.} 59 Stockton alley (S.

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 2 hrs

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 6th 1885

Undertaker, W H Deuner

Place of Business, East St

James A Sloan M. D.
Medical Attendant

Address, Long N & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

M. Roberts Sanit. Inspr.

Health Department, City of Baltimore.

Permit No. 88198 *Office of Registrar of Vital Statistics.* Ward 5 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
DEC 5 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} V. C. Fisk

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Chiropodist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Indiana

Duration of Residence in the City of Baltimore, 12 years –

Place of Death, {Give Street and Number.} 52 Mulberry St –

Cause of Death, First (Primary), Acute Bronchitis –

" Second (Immediate), Chronic Laryngitis –

Duration of Last Sickness, 2 Weeks –

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Dec 6th

Undertaker, H. C. Wiedefeld

Place of Business, 60 Greenmount Ave

Wm. L. Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 88199 ; *Office of Registrar of Vital Statistics.* Ward 20

REGISTRAR'S OFFICE DEC 5 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 3rd. 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence Dorsey

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ~~1 yr~~ *Years,* four *Months,* ~~one~~ *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and Number. } Eutaw St. near Franklin

Cause of Death, { First (Primary), Inanition

Second (Immediate), "

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Olive Branch Cemetery

Date of Burial, Dec 5 1885

Undertaker Wm Kennedy

Place of Business, Mercer St.

Silas Bacon M. D.
Medical Attendant.

Address, 152 Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 88200 *Office of Registrar of Vital Statistics.* Ward 9 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 5 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 5 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida Shorts

~~Sex, Male or Female.~~ { Cross out the word not required in this line. } Female

Age, 29 *Years,* — *Months,* — *Days.*

Color, Yellow

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } Married

Occupation Cook

Birthplace, { State or country, and how long in the United States, if of foreign birth } Virginia

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, { Give street and Number. } 98 N. Church St City

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Ulceration

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Dec 6 1885

E Davidson M. D.
Medical Attendant.

{ *Undertaker* W. C. Sisson

{ *Place of Business,* Health Office *Address,* City Hall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8820 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Slagle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 1 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Telegraph Operator

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 122 West. St.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Tuberculosis

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Lauren Park.

Date of Burial, December 7

Undertaker, A Hale

Place of Business, West St 82

R. J. M. Hale M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last siekness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88207 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 5 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw O to Mrs A. Broderick Parents

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, one day a Years, four hours Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, " "

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 391 Franklin St

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 391 Fr. St

Cause of Death, First (Primary), Premature birth

Second (Immediate),

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Dec 6th 1885

Undertaker, H Lewis Schaefer

Place of Business, 109 N Fremont Address, 23 Edmondson Av

H F Hill M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 88203

Office of Registrar of Vital Statistics.

15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT DEC 5 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henriette Jackson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Sixty Five *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 214 Sharp St.

Cause of Death, First, (Primary.) Carcinoma of the Uterus

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 6. 1885

Undertaker, Saml W Shaw

Place of Business, 198 S. Howard st

A. M. Belt. M.D.,

Medical Attendant.

Address, 129 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 88204 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 6 1894 BALTIMORE

Date of Death, December 4, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dr. Wm. S. Ridgely

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, 83 *Years,* 10 *Months,* 4 *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Physician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lexington Ky.

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and Number.} Lanvale Street near Charles

Cause of Death, First (Primary), Old Age

Second (Immediate), Softening of Brain

Duration of Last Sickness, 2 weeks.

the above information should be furnished by the Physician.

Place of Burial, Cincinnati Ohio

Date of Burial, Dec 6th 85

Undertaker Henry Kenny Ohio

Place of Business, Pulaski and ~~Ky~~

Jas. M. Craighill M. D.
Medical Attendant.

DR. JAS. M. CRAIGHILL,
408 N. Charles St.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Trans 3/1/94 [OVER.]

Board of Health, City of Baltimore,

Permit No. 88205 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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HEALTH DEPARTMENT DEC 6 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Turner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days,*

Color, Black

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the worn not required in this line.}

Occupation, Shoe Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} No 10 Mott St

Cause of Death, First, (Primary,) Scirrus Carcinoma of Stomach

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 6th 1885

Undertaker, Key Venuti

Place of Business, 11 Orchard St

E. Gilbraith Darling M. D.
Medical Attendant.

Address, Lauraville Balto Co Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over.

Board of Health, City of Baltimore, 88

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 88206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED DEC 5 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 4. 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Wallace.

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 30 *Years,* *Months,* *Days.*

Color, Colored.

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } #71 Gerster Alley.

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Hemorrhagis

Duration of last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 7 1885

James Brown M. D.
Medical Attendant.

Undertaker, Neff Kemble

Place of Business, 116 Orchard St *Address,* #63 John St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88207 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hubert Manns

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 9 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltmd

Duration of Residence in the City of Baltimore, 6

Place of Death, {Give Street and Number.} 17 Vincent alley

Cause of Death, First (Primary), Scald.

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St cemetery

Date of Burial, Dec 7 1885

Undertaker, William A Berger

Place of Business, 62 East st

Robt K Kneas M. D.
Medical Attendant.

Address, 554 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 8808 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 6 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Two *Years,* *Months,* *Days,*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and Number.} No 5 Stockholm st

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Sharpe st cemetery

Date of Burial, Dec 7 1885

Undertaker, William Wenger

Place of Business, 62 East St

W W Wright M. D.,
Medical Attendant.

Address, 221 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 88209 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. D.C. 6 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Etta V Stubb

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 13 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 61 S Popp.

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 6

Undertaker, L P Cook

Place of Business, 707 W Baltimore St

Thomas Obi M. D.
Medical Attendant.

Address, 179 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8820 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1885 BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, 5th November

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Ahrens

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 3 *Months,* 20 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} Booth Street 72

Cause of Death, First (Primary), Scarlet fever

Second (Immediate), Exhaustion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, E. L. Emanuel Cemetery

Date of Burial, December 7. 1885

Undertaker, M. J. Dise

Place of Business, 183 Columbia Ave *Address,* 211 N Howard Street

L. J. Reinhard M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 8811 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 6 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 5th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Klop

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* ~~—~~ *Months,* ~~—~~ *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give Street and Number.} # 322 S. Dallas St.

Cause of Death, First (Primary), Typhoid-Pneumonia

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, Dec. 6th 85

Undertaker, G. France John H. Kehlenger M. D.

Medical Attendant.

Place of Business, Bank & Wolfe Sts. *Address,* 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 88212 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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HEALTH DEPARTMENT DEC 6 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5-85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Kate Donlin

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days,*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 948 N. Howard St —

Cause of Death, First, (Primary,) I was called to see the woman this P.M. & found her dead. She had been dead an hour or more. Coroner Jones viewed the body & deemed it unnecessary to hold an inquest. He regarded me the proper Certificate. Cause of death unknown — but certainly from natural causes

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec. 7 85

Alfd A Pindell M. D.,
Medical Attendant.

Undertaker, Chas. T Servin

Place of Business, 27 N. Eutaw Address, 148 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8213 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 6 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mork

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 2 *Years,* 3 *Months,* ~~—~~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} # 25 Shakespeare Pl

Cause of Death, First (Primary), Croup (Diphtheria)

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Dec. 6. 1885 John A. Kelleyn M. D.

Medical Attendant.

Undertaker, H Sanger Son

Place of Business, ~~252~~ Canton Av *Address,* 243 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 88214 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 6, 1895 BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, ~~Jan'y~~ Dec 5 93

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saverio Pisano

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single, ~~Widow or Widower~~*, {Cross out the words not required in this line.}

Occupation, Labourer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} about Penn St Sewer

Cause of Death, First (Primary), Killed by a bank caving in.

Second (Immediate), upon him

Duration of Last Sickness, Died immediately

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 6th 93

Undertaker, S. Saverio Schiavo

Place of Business, 109 N Fremont

W. A. Jones M. D.

coroner Medical Attendant.

Address, 326 Hollen

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88215 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE DEC 7 1885 BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Byrnes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 479 Franklin

Cause of Death, {First (Primary), Chronic Gastric and

Second (Immediate), intestinal Catarrh

Duration of Last Sickness, Sick since birth

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Bonnabrae

Date of Burial, Dec 8/85

Undertaker, M Cadoja

Place of Business, 227 Mulberry St

Edw F Mechlean M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88216 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, 5th Dec 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Carter Crane

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 19 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 88 York st

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Pleurisy

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Dec 7th 1885

Undertaker, C. F. Kranes & Son

Place of Business, 209 Hanover *Address,* 161 Bank

H. M. Welch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88217 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S. Blackstone

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 96 Russell St.

Cause of Death, First (Primary), Malaria

Second (Immediate), Exhaustion & Convulsions

Duration of Last Sickness, about 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Decem 7 1885

Undertaker, H Ross

Place of Business, 95 Con Wash St

J. M. Phillis M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88218 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 5 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerry Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, Dark

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 9 Stockholm st

Cause of Death, First (Primary),

Second (Immediate), Heart disease

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Chapel Cemetery

Date of Burial, Decem 7 1885

Undertaker, L Ross

Place of Business, 25 Can Wat St

J Tyler Smith M. D.
Medical Attendant.

Address, 359 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 88219

Office of Registrar of Vital Statistics.

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Upshur

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~73~~ 64 *Years,* — *Months,* 7 *Days.*

Color, Mulatto

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Midwife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Va Virginia

Duration of Residence in the City of Baltimore, 30yrs

Place of Death, {Give street and number.} 130 S. Eutaw st

Cause of Death, First, (Primary.) Pleuritis

Second, (Immediate.) Effusion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cemetery

Date of Burial, Decem 7 1885

Undertaker, H Ross

Place of Business, 95 Lon Wayst

Treby Atkinson M.D.,
Medical Attendant.

Address, 119 N. Charles st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

Board of Health, City of Baltimore, 10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 88420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5 / 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Schewer

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 13 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Jeweler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bremen Germany

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number} #404 Mulberry St

Cause of Death {First, (Primary,) Typho-Malarial Fever

Second, (Immediate,) " " "

Duration of last Sickness, about 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 8

Undertaker, Andrew Rohde

Place of Business, 94 Penna Ave

T. Chew Worthington M. D.
Medical Attendant.

Address, 373 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88421 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 5, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Gaff

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

~~Color~~,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 354 N. Washington St

Cause of Death, First (Primary), Typhoid Pneumonitis

Second (Immediate), Diarrhoea

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery,

Date of Burial, Dec. 8, 1885,

Undertaker, Henry McG. Gill's

Place of Business 8 N. Central Ave, *Address,* 1631 Broadway

W. W. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88222 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin M. Meekins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 4 *Days*

Color, Wh

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City — Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No. 2 N. Bond St

Cause of Death, First (Primary), Pertussis

Second (Immediate), Catarrhal Bronchitis — Apnoea

Duration of Last Sickness, 12 mths

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Dec. 7, 1885

Undertaker, Henry McG. Sinclair

Place of Business, 42 & 44, Central Ave

E. J. Britton M. D.
Medical Attendant.

Address, 57 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88223 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, December 5th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sedonia Bailey

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, Col.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Chicago Ill.

Duration of Residence in the City of Baltimore, 8 weeks

Place of Death, {Give Street and Number.} 183 Vine street

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetary

Date of Burial, Dec 7th

Undertaker, John E. Grace

Place of Business, Caroline st 142

B. S. Titcomb M. D.
Medical Attendant.

Address, 616 W. Balt. Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88224 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Stanley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days*

Color, Col-

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 65 S. Dallas st

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Dec 7th

Undertaker, John E. Grace

Place of Business, Gardner st 1142

J D Lynch M. D.
Medical Attendant.

Address, 13 Dallas st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 88225

Office of Registrar of Vital Statistics.

18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 6 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Spedden

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number.} 58 Monroe St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Diarrhoea

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Dec 7 1885

Undertaker, J. Cook

Place of Business, Mount Clio

Nicholas Hedley M.D.,
Medical Attendant.

Address, Carroll Co. Balto. Co

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 88226 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Weber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give Street and Number.} 93 N. Gread St

Cause of Death, First (Primary), Phthisis Pulmonal

Second (Immediate), Cachexia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec. 7.

Undertaker, Walter Immel

Place of Business, 315 W. Biddle St

W. H. Knight M. D
Medical Attendant.

Address, 335 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 88227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbie L. Wimmer.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, ... *Years,* 15 *Months,* ..... *Days.*

Color, White — *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore. Life time.

Place of Death, {Give street and number.} 8 Madeira Alley. Balto City

Cause of Death, First (Primary,) Convulsions.

Second (Immediate,) .....

Duration of Last Sickness, 17 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alegfanscus Com.

Date of Burial, Dec 8 th 1885

J. M. Cockill M. D.
Medical Attendant.

{*Undertaker,* John Hennedy
Place of Business, 382 Orleans St *Address* 23 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Health Department, City of Baltimore.

Permit No. 88228 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 1885 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, December 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Jenkins,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, Housekeeper,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 18 Mths.

Place of Death, {Give Street and Number.} 477 Penna Ave

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Park

Date of Burial, Dec 8th 1885

Undertaker, J E Monahan

Place of Business, *Address,*

J. Rickert M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 88229 *Office of Registrar of Vital Statistics.* Ward 19"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 6. 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Delaney

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 1 *Months,* 5 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and Number. } 432 N Fremont St.

Cause of Death, First (Primary), Laryngeal & nasal diphtheria

Second (Immediate), asphyxia

Duration of Last Sickness, Unknown - was in attendance 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 7. 1885

Undertaker Henry H. Mears

Place of Business, 22 W. Fayette

Maurice Brewer M. D.
Medical Attendant.

Address 6 E McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88230 *Office of Registrar of Vital Statistics,* Ward 15

HEALTH DEPARTMENT DEC 7 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 6 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James R Sweeny

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 81 Lyon st

Cause of Death, First (Primary), Erysipelas

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 7th 1885

Undertaker, Daniel Flynn

Place of Business, 109 West Pt

H W Webster M. D.
Medical Attendant.

Address, 101 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88231 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT DEC 7 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Amich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* 8 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 254 Columbia avenue

Cause of Death, First (Primary), Senile decay

Second (Immediate), Asphyxia

Duration of Last Sickness, Has been failing for several years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Dec 8/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Geo R Graham M. D.
Medical Attendant.

Address, 138 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Physician is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 88232 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 7 1885
BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, December 5th/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Kefofer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1/2 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 yrs 8

Place of Death, {Give Street and Number.} 267 Canton Av

Cause of Death, First (Primary), Cancer Antrum of Highmore

Second (Immediate),

Duration of Last Sickness, about 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 8th 1885

Undertaker, H. Snyder & Son

Place of Business, 252 Gurdon Ave

H. Stone M. D.
Medical Attendant.

Address, 143 N Chas St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88233 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza A. Gardner.

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 67 *Years,* ..... *Months.* ..... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give Street and Number.} 233 N. Charles St;

Cause of Death, First (Primary), ...

Second (Immediate), Congestion of the Lungs.

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 7th 1885

Undertaker, Stewart & Mann

Place of Business, 36 Park Ave

Wm. A. B. Stillman M. D
Medical Attendant.

Address, 46 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 88234 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, December 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James M. Sullivan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Agent for Paper Mills

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 562 Franklin St

Cause of death, First, (Primary,) Over Dose of "Simmons Liver Regulator"

Second, (Immediate,) Rupture of Aorta caused no doubt by Violent Vomiting

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cy

Date of Burial, Dec 8th 1885

Undertaker, John J. Meaher

Place of Business, 1050 Canden St

J. M. Clark M. D.,

Medical Attendant.

Address, 217 N. Stricker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88235 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Franke

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days*

Color, white

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give Street and Number.} 268 W Lombard St Balto

Cause of Death, First (Primary), old age.

Second (Immediate), Asthenia.

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Belair Ave Hebrew Cemetery

Date of Burial, December 8th 1885

Undertaker, Evans & Spencer

Place of Business, 60 E. Baltimore St.

Alan P. Smith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 88236 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, December 4. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas L. Hughes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Real Estate Broker,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 370 N. Carey St.

Cause of Death, First (Primary),

Second (Immediate), Apoplexy,

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, December 5th 1885

Undertaker, Evans & Spence

Place of Business, 60 E. Baltimore St.

J. W. Houck M. D.
Medical Attendant.

Address, 95 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 88237 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the transmission of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Raphael Parlain

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* —— *Months,* *Days.*

Color, White

Married, ~~Single~~ ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28yrs

Place of Death, {Give street and Number.} 90 N Caroline St

Cause of Death, First (Primary). Hemiplegia.

Second (Immediate). Cerebral Hemorrhage)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Phila. Cd. Hab. Cemetery

Date of Burial, December 8th 1885

Undertaker Evans & Speich

Place of Business, 60 E Baltimore St *Address,*

E W Pullain M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88238 *Office of Registrar of Vital Statistics.* Ward 19th

HEALTH DEPARTMENT DEC 7 1893 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura B. Wolf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* 11 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 144 N. Carrollton Ave

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Nervous Exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 6

Undertaker, J B Cook

Place of Business, 707 W Baltimore

J. L. Thomas M. D.
Medical Attendant.

Address, 144 N. Carrollton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88239 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 5-85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Sands

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* 1 *Days* 1

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 48 Woodyard al

Cause of Death, First (Primary), Malarious Fever

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetary

Date of Burial, Dec 8th 85

Undertaker, Eda B Taffrau

Place of Business, 121 Penna Ave *Address,*

H D Mount *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88240 *Office of Registrar of Vital Statistics.* Ward 3rd

HEALTH DEPARTMENT DEC 5 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Martin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, [redacted] *Years,* *Months,* *Days*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servent

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbeit County Md.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 55 S. Dallas Street

Cause of Death, {First (Primary), Valvulas disease of Heart

Second (Immediate),

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery

Date of Burial, Dec 7- 1885

Undertaker, [illegible]

Place of Business, 46 Eastern Ave *Address,* [illegible]

C. Hall Cutler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8824 / *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the representation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Robert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} # 35 Lancaster St.

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmell cem

Date of Burial, Dec 7th

Undertaker, W. B. Lothrop & John A. Kahlenger M. D.

Medical Attendant.

Place of Business, 251 E Lombard st *Address,* 243 Shee Annah

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88242. *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 1885 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony E Guethler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} √

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 16 Columbia Ave

Cause of Death, First (Primary), Congenital birth

Second (Immediate), Spasms

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Dec 7th 1885

Undertaker, E Schlosman

Place of Business, Columbia ave

James A Count M.D.

Medical Attendant [illegible]

County Health Register

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E Dunning = Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88243. *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 7 1885 BALTIMORE, MD.

8

CERTIFICATE OF DEATH.

Date of Death, Dec 5" 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Batina. Davis

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 9 *Months,* - *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 16 Barnet St

Cause of Death, First (Primary), Spinal Irritation

Second (Immediate), Exhaustion

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral St Peters

Date of Burial, Dec 8" 1885

Undertaker, H. Ross

Place of Business, Conway St

James A. Duncan M.D.

Medical Attendant

Comm'r of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

John. E. Dunding = Inspector

Board of Health, City of Baltimore.

Permit No. 88244. *Office of Registrar of Vital Statistics.* Ward 11th

HEALTH DEPARTMENT DEC 7 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without this Certificate.

CERTIFICATE OF DEATH.

C

Date of Death. Dec 4th 1885

Full Name of Deceased. { Write legibly and spell correctly. If an infant not named, give names of parents. } Simon Smith

Sex, Male ~~or Female~~. { Cross out the word not required in this line. }

Age, 64 *Years,* *Months.* *Days,*

Color W

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation Capitalist

Birthplace. { State or country, and how long in the United States, if of foreign birth. } Dorchester Co Md

Duration of Residence in the City of Baltimore, 5 Yrs

Place of Death. { Give street and Number. } 71 Orchard st

Cause of Death. First (Primary), Bright Disease

Second (Immediate),

Duration of Last Sickness. Confined 9 weeks

All the above information should be furnished by the Physician.

Place of Burial. Laurel

Date of Burial, Dec 7th 1885

Undertaker Alex Heusler

Place of Business, 71 Orchard *Address,* 201 W. Biddle st

R. Winslow *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88245 *Office of Registrar of Vital Statistics* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 7 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December - 6th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Denal

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birth Place, {State or country, and how long in the United States if of foreign birth.} Margaree Cape Breton Isle

Duration of Residence in the City of Baltimore, about 2 weeks

Place of Death, {Give Street and Number.} Johnson - Coal Wharf Locust Point

Cause of Death, First (Primary) Injuries received by accidentally falling through Hatchway of Schooner

Second (Immediate) Warren D - Potter -

Duration of Last Sickness, about 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dec 9th

Undertaker, D. O'Neal

Place of Business, 56 West Pratt

Saml Bell M. D.
Medical Attendant.

Coroner

Address, 166 So. Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88246 *Office of Registrar of Vital Statistics.* Ward 9

HEALTH DEPARTMENT, DEC 7 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Filled Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine O'Leary

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 6 Caulin St

Cause of Death, First (Primary), Diphtheritic

Second (Immediate), Croup

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemt

Date of Burial, Dec 8th 1885

E. Gilmore M. D.
Medical Attendant.

Undertaker, Chas P Byrne

Place of Business, Fulton St *Address,* 33 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88247 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 8 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin M Jay.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 16 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} #17 Aisquith St

Cause of Death, First (Primary), Inanition

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec. 8th 85

Undertaker, G. Francis

Place of Business, Bank & Wolfe Sts *Address,* #29 Aisquith St

Saml R. Powell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT DEC 8 1885 BALTIMORE, MD.

Permit No. 88248 *Office of Registrar of Vital Statistics* Ward 1 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 2 o'clock P.M. Sunday Dec 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Gore 8 yrs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give Street and Number.} 57 Luzern St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), do do

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Dec 8th 85

J. E. Richard M. D.
Medical Attendant.

Undertaker, G. France

Place of Business, Bank & Wolfe Sts *Address,* 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT, DEC 8 1895 BALTIMORE, MD.

Permit No. 88249 *Office of Registrar of Vital Statistics* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Mattingley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 36 hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} No 2 rd Williams St

Cause of Death, First (Primary), ...

Second (Immediate), Premature birth

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, December 8

Undertaker, B. McGaw

Place of Business, 62 West St

I C Burch M. D.
Medical Attendant.

Address, 15 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88257 *Office of Registrar of Vital Statistics.* Ward 16th

HEALTH DEPARTMENT DEC. 8 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, December 6 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucretia Wilson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 210 Dover St

Cause of Death, {First (Primary), Pneumonia

{Second (Immediate), 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Decem 8 1885

Undertaker, H. Dorr

Place of Business, 95 Eden Wash St *Address,* 282 Hollins St

A. T. Nelson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88257 *Office of Registrar of Vital Statistics.* Ward 7th

HEALTH DEPARTMENT DEC. 8 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard L Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* ——— *Months,* ——— *Day*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Mail agent

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 269 N Carrollton Ave

Cause of Death, First (Primary), Acute Peritonitis

Second (Immediate), Asthenia

Duration of Last Sickness, Two (10) Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 8 1885

Undertaker, John W Jackson

Place of Business, Bay & Gordon

S. W. Abbott M. D.
Medical Attendant.

Address, 269 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88252 *Office of Registrar of Vital Statistics* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 7, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Captain John Shutt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seventy Two *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Mariner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give Street and Number.} N. W. Cor. Eager and McDonough

Cause of Death, First (Primary),

Second (Immediate), Stricture Oesophagus & Malignant

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolt's Cemetery

Date of Burial, 9 day of Dec 1885

Undertaker, John Wyatt

Place of Business, 64 E Lombard

Wm. H. Glendinen M. D.
Medical Attendant.

Address, Inv. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88253 *Office of Registrar of Vital Statistics.* Ward 9

HEALTH DEPARTMENT DEC 8 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the transmission of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

J+

CERTIFICATE OF DEATH.

Date of Death, Dec 7th. 630 Am 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Kessler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 42 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Labor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Crush of foot ~ Amputation

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 hrs

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cy

Date of Burial, Dec 9 1885

Undertaker, Henry Hook

Place of Business, 309 W Pratt *Address,* City Hosp

E Jandorf M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88254 *Office of Registrar of Vital Statistics* Ward 7

HEALTH DEPARTMENT DEC 8 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, December 6th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H & Minnick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* 9 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Musician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 95 Lloyd St.

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 10th

Undertaker, Geo Schilling

Place of Business, Ashland & Lyn a

Louis H Horn M. D.
Medical Attendant.

Address, Mulberry & Myrtle av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 88255 *Office of Registrar of Vital Statistics.* Ward 12 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 8 1885 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th, 885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Sarah Augustus Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, About 70 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, House wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number.} 1109 Ford Ave

Cause of death, First, (Primary,) Heart Disease

Second, (Immediate,) —

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 8th 1885

Undertaker, Wm J Green

Place of Business, 65 Mulberry St

W. Gray Smith M. D.,
Medical Attendant.

Address, 83 E. Green St Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88256 *Office of Registrar of Vital Statistics.* Ward 4

HEALTH DEPARTMENT DEC 8 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 6 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis A. Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, Colored

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.} W

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 112 Chestnut st.

Cause of Death, First (Primary), Ec[illegible]antiasis

Second (Immediate), Exhaustion

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Dec 9th 1885

Undertaker, [illegible]

Place of Business, 62 East st. *Address,* 62 [illegible]

Edward J. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT DEC 8 1885 BALTIMORE MD.

Permit No. 88254 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles G. Braden

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 3 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, nil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 6 N. Carey

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Blood Poisoning

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 8 1885

Undertaker, Jas P Byrne

Place of Business, 63 Fremont St *Address,* 143 S. Eden

D. Shutt — M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT, DEC. 8 1885 BALTIMORE MD.

Permit No. 88258, *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laoutta Bridget McGee

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ..... *Months,* ..... 23 *Days*

Color, white

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 29 Stiles st

Cause of Death, First (Primary), marasmus

Second (Immediate),

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 8th 1885

Undertaker, Henry W. Mears

Place of Business, 22 W. Fayette *Address,* 325 E. Baltd st.

P. G. Daniel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88259 *Office of Registrar of Vital Statistics* Ward 15-2

HEALTH DEPARTMENT DEC 8 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Murray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Supt

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 1 E Saratoga St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 7th 1885 Geo B Reynolds M. D.

Undertaker, C F Krause & Son Medical Attendant.

Place of Business, 209 Harrison *Address,* 17 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT, DEC 8 1885 BALTIMORE, MD.

Permit No. 88260 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death. Dec. 6 — 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry P. Hortie

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* — *Months,* — *Days*

Color, Col.

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Drayman

Birth Place, {State or country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 72 yrs.

Place of Death, {Give Street and Number.} No. 96 Stirling St.

Cause of Death, First (Primary), Acute Pneumonitis

Second (Immediate), Exhaustion

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemy

Date of Burial, Dec 8th/885

Undertaker, J. J. Lucks

Place of Business, #73 Jefferson

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88261 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC. 8 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Charles Mason

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 2 *Months,* ~~~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 20½ Neighbor st

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Dec 9th 1885

Undertaker, Henry McGinnis

Place of Business, 48 N Central av *Address,* Jas A. Steuart M.D.

~~Medical Attendant~~ Coroner

Jno. R. Leakin Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M McKeown Sanitary Inspector

(over)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88262. *Office of Registrar of Vital Statistics.* Ward 16th

HEALTH DEPARTMENT DEC 8 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, December 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melissa Ross

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 99 *Years,* *Months,* *Days*

Color, Colored

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, About 60 Years

Place of Death, {Give Street and Number.} 292 S. Eutaw St.

Cause of Death, First (Primary), Old Age

Second (Immediate), General debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Dec 9th 1885

Undertaker, Saml M. Shaw

Place of Business, 193 S. Howard St

Chas A Bell M. D.

Medical Attendant.

Address, 151 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88263 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 8 1885 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, December 5th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur Clarence

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ...

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } No 1 N. Charles St

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Dec 8-1885

Undertaker, [illegible]

Place of Business, 76 East [illegible]

Wm. L. Rennie M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 8 8264

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88264 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 8 1885
BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, Dec 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Nicholson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* ——— *Months,* ——— *Days*

Color, Wht

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll County Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} No. 146 North Central Avenue

Cause of Death, First (Primary), Old Age

Second (Immediate), Causes of the Uterus

Duration of Last Sickness, about five weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec 9/1885

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* 138 N Broadway

Milton N. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88265 *Office of Registrar of Vital Statistics* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT DEC 8 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margeretha Kull.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* 6 *Months,* 14 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not roquired in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years.

Place of Death, {Give Street and Number.} 234 Franklin St.

Cause of Death, First (Primary), Hyperthrophy of the Heart.

Seeond (Immediate), Exhaustion.

Duration of Last Sickness, 5 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 9

Undertaker, Walter Immel.

Place of Business, 315 West Biddle, *Address,*

H. Rickert, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88266 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Loudenslagen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days*

Color, W

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 11 S. Carrolton Ave.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Old Age.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 9th 1885

Undertaker, S. M. Leonard & Son

Place of Business, 782 W. Baltimore

G. W. Weber M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88267 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT DEC 9 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 7 — 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Boland

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* — *Days*

Color, Wht.

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} √

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give Street and Number.} No. 203 Greenmount Ave.

Cause of Death, First (Primary), Insufficiency of Pulmonary valves causing Dilatation of rt. ventricle

Second (Immediate), Cardiac Paralysis

Duration of Last Sickness, Instant death.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 9th

Undertaker, H. C. Wiedefeld

Place of Business, 60 Greenmount Ave

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 17201

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT, DEC 9 1885 BALTIMORE, MD.

Permit No. 88268 *Office of Registrar of Vital Statistics,* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul. J. Owens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single, Widow*~~ or *Widower,* {Cross out the words not required in this line.} V

Occupation, Silver Smith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Eagle Hotel. Hillen St.

Cause of Death, First (Primary), Alcoholism

Second (Immediate), Apoplexia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 9th

Undertaker, H. C. Windfield

Place of Business, 9a Greenmount Ave

Geo. Brooke Eager M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88269 *Office of Registrar of Vital Statistics* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Stanley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months.* 27 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 173 W. Biddle St.

Cause of Death, First (Primary), Simple, Acute Meningitis.

Second (Immediate),

Duration of Last Sickness, About 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, Dec 9. 1885

Undertaker, J. J. Zacks

Place of Business, 73 Jefferson st. Office 262 Madison Ave.

Eldridge C. Price, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88270 *Office of Registrar of Vital Statistics* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without the Proper Certificate.

HEALTH DEPARTMENT DEC 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Monday Dec. 7th. "85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L. K Ehoe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 26 Enser St. Above Chas St.

Cause of Death, First (Primary), Typhoid Fever with Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 32 Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec. 10th 1885

Undertaker, Henry C Maas

Place of Business, 22 W Fayette St *Address,* Chas St & Forest Place

Wilmer Brinton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 8827

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8827 *Office of Registrar of Vital Statistics.* Ward 4

HEALTH DEPARTMENT DEC 2 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evans Hoffinger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 137 S. High

Cause of Death, First (Primary), Phthisis Pulm

Second (Immediate), Et Exanthem

Duration of Last Sickness, 9 mo

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 9th, 1885

Geo B Reynolds M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 22 W. Fayette *Address,* 171 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT DEC 9 1885 BALTIMORE MD.

Permit No. 88472 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Coriff

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give Street and Number.} 47 S Arlington ave

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, December 10

Undertaker, Jos H B Cook

Place of Business, 707 W Baltimore *Address,* 219 Hollins

James Bailey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 0 0 2 7 0

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88273 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 8th December 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Doughery

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 99 York st

Cause of Death, First (Primary), Morbus Cerebralis

Second (Immediate),

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec. 10th 1885

Undertaker, C. F. Krauser & Son

Place of Business, 209 Hanover

H W Webster M. D.
Medical Attendant.

Address, 101 Burke st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT DEC 9 1885 BALTIMORE

Permit No. 88274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wilhelmine Erring

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 10 *Months,* 18 *Days.*
Years,

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, { Give street and number. } S. Caste Pl. No. 26.

Cause of Death, { First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 6 Day's.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Dec. 10th 85

Undertaker, G. France

Place of Business, Bank & Wolfe Sts. *Address,*

C. H. Fisk M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 88275

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88275 *Office of Registrar of Vital Statistics.* Ward 6

HEALTH DEPARTMENT DEC 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hoerschel

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* ½ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 75 N Castle st

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Bohemian National Cem

Date of Burial, Dec 9th 1885

Undertaker, John Herwig

Place of Business, 382 Orleans st

Thos A Steuart M. D.

~~Medical Attendant.~~

Address, Balto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M McKewen Sanitary Inspector

[OVER.]

No. 8 8 2 7 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

HEALTH DEPARTMENT DEC 8 1885 BALTIMORE, MD.

Permit No. 8 8 2 7 6. *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ludenee McDowell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 6 *Months,* 14 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 83 N. Howard St.

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 18 Months

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 9. 1885.

A. R. Thomas M. D.
Medical Attendant.

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 8827

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8827 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bisser

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Glass blower.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 141 Battery Av.

Cause of Death, First (Primary), Intestinal Obstruction.

Second (Immediate), Peritonitis.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Decemb. 10

Undertaker, B. Hall

Place of Business, 82 West St

R. J. N. Tall, M. D.
Medical Attendant.

Address, 152 Shaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 88278

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT DEC. 9 1885 BALTIMORE, MD.

Permit No. 88278 . *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. C. Rensing

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give Street and Number.} 102 West

Cause of Death, First (Primary), Dystocia

Second (Immediate), Convulsions

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Ulysses C.

Date of Burial, Decemb 10

Undertaker, H. Hyde

Place of Business, 42 West St

Rip Ellis M. D.
Medical Attendant.

Address, 313 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 0 0 2 7 9

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT DEC 9 1885 BALTIMORE MD

Permit No. 88279. *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Gilleland

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Conductor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 4 Baker st.

Cause of Death, First (Primary), Chronic Diarhoea

Second (Immediate), Exhaustion

Duration of Last Sickness, five years

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Dec 10

Undertaker, Walter Immel

Place of Business, 315 West Biddle. *Address,* 105 W. Monument st

C. O'Donovan Jr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 18280 *Office of Registrar of Vital Statistics* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 9 1885 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 85 Month Day Year

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel A Samuel Snowden Name

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~ Years, ~~ Months, 7 Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} #25 East St

Cause of Death, First (Primary), Spasms

Second (Immediate),

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 10th 1885

Undertaker, Wm H Dunge

Place of Business, East St

~~Medical Attendant~~ Jas A Steuart M. D.

Address, Camp & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Jos V. Fitzpatrick

Sanitary Inspector

The special attention of Physicians is respectfully invited to

Health Department, City of Baltimore.

HEALTH DEPARTMENT DEC 9 1885 BALTIMORE

Permit No. 88281 *Office of Registrar of Vital Statistics* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Purnell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 10 Prospect Lane

Cause of Death, First (Primary), Cancer of Liver

Second (Immediate),

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Dec 10/85

E. B. Fenby, M. D.
Medical Attendant.

Undertaker, W. N. Lofenger

Place of Business, *Address,* 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 9 1885 BALTIMORE MD.

Permit No. 88282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Eardmann

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 24 N Eden St

Cause of Death, First (Primary,) Ulceration Bowels

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Dec 10 th 1885.

E J Way M. D.
Medical Attendant.

Undertaker, John Herring

Place of Business, 382 Orleans St *Address* 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Health Department, City of Baltimore.

Permit No. 88283 *Office of Registrar of Vital Statistics* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 9 1885 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 8" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 22 *Years,* ~~~ *Months,* ~~~ *Days*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Oysterman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington DC

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give Street and Number.} 33. Creamers Alley

Cause of Death, First (Primary), Cold

Second (Immediate), Pneumonia

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Pub Cem

Date of Burial, Dec 9" 1885

Undertaker, H A Kuchus

Place of Business,

John A Steuart M. D.

Comm" of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

John E Ludwig Inspector

Health Department, City of Baltimore.

Permit No. 88284 — *Office of Registrar of Vital Statistics.* — Ward 8-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1885 BALTIMORE, MD.

H

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Hafey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give Street and Number.} Just. Little Sisters

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetary

Date of Burial, Dec 9/1885

Undertaker, Jas P Byrne

Place of Business, 63 Hanover

Geo. Burke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88285 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, December 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 316 Montgomery St

Cause of Death, First (Primary), Phthisis Pulm

Second (Immediate), Exhaustion

Duration of Last Sickness, Since Sept 21. 1885

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn

Date of Burial, Dec 10th 1885

Undertaker, Saml McClure

Place of Business, 198 S Howard St

Hector H. Goodman M. D.
Medical Attendant.

Address, 645 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88286 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 7th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Seidenstücker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 38 Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 228 S. Dallas Street

Cause of Death, First (Primary), —

Second (Immediate), Asthma

Duration of Last Sickness, About 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager's

Date of Burial, Dec 10

Undertaker, Wendell Bigge

Place of Business, 151 Bond

N. L. Dashiell Jr. M. D.
Medical Attendant.

Address, 209 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Following Notice.

Health Department, City of Baltimore.

Permit No. 88287 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC. 10 1888 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 8th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lewis Hale

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5-3- *Years,* *Months,* *Days*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 413- Barclay St

Cause of Death, First (Primary), Typhoid Condition

Second (Immediate), Exhaustion

Duration of Last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Thursday 9th 2 pm

Undertaker, Chas. Scrivener

Place of Business, *Address,* 209 Mulberry

J. J. Grimes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 8-8288 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Wilson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ 10 *Months,* 15 *Days*

Color, C

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 182 Hughes St

Cause of Death, First (Primary), Asthenia

Second (Immediate), "

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Dec 10th 1885

Undertaker, F. A. Kerchner — James A Steuart M. D.

~~*Medical Attendant*~~

Place of Business, Health Office *Address,* Courthouse

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

A Hoen & Co

Health Department, City of Baltimore.

Permit No. 88289 *Office of Registrar of Vital Statistics.* Ward 8 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 8 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. A. Kamp

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* ——— *Months.* —— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.},

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 110 Aisquith Ave

Cause of Death, First (Primary), Probably Acute Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Dec 10. 1885.

J. H. Robinson M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay *Address,* 75 Fr Ingram Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88290 *Office of Registrar of Vital Statistics.* Ward 7½

HEALTH DEPARTMENT DEC 9 1895 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 7, 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian Rose Broduralt

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months.* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 394 E. Madison st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 394 E. Madison St

Cause of Death, First (Primary), ...

Second (Immediate), Whooping Cough

Duration of Last Sickness, 90 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 10

Undertaker, W. S. Fry

Place of Business, Mulliken & Bradley

S. M. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88291 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the prosecution of this Certificate, *completely filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 10 1885 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Rooney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Supt

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 374 Ostend St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Friday 11th

Undertaker, Kadelle & Julius

Place of Business, Cor Cross & Sharp Sts *Address,* 171 W. Conway

Geo. B. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88292 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 10 1885 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Dec. 9. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. J. McGlone

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 47 *Years,* — *Months,* *Days*

Color, wht

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, all life.

Place of Death, {Give Street and Number.} 66 Dolphin st.

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, December 11th 85

Undertaker, W. H. Jenkins & Son

Place of Business, Park & Saratoga sts *Address,* 219 Madison ave

G Lane Tanyhill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 88293 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 10 1885 BALTIMORE, MD.

54

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an infant unnamed, give names of parents. } James Porter

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 81 *Years,* *Months,* *Days.*

Color, W.

~~Married~~, Single, ~~Widow or Widower~~. { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } Aged Mens Home

Cause of Death, First, (Primary,)

Second, (Immediate,) Senile Decay

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Dec 10th 1885

Undertaker, H Co J Enfield Son

Place of Business, Park & Saratoga

Geo Hopkins *M. D.,* Medical Attendant.

Address, 1 Mount Clare

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 88294

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC. 10, 1885, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Besla Katzenberg

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Twenty-eight *Years,* six months *Months,* ..... *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} No. 397 Madison Ave.

Cause of Death, {First (Primary,) Pneumonia; Second (Immediate,) Exhaustion

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Balt Hebrew Cemetery

Date of Burial, 10th Dec 1885

Undertaker, Evans & Spence

Place of Business, 60 E Baltimore

T. F. McCormick M. D.
Medical Attendant.

Address 457 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 88295 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 10 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewin Henry Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 2 *Months,* ~~~~ *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 126 Chesnut st

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cem

Date of Burial, Dec 11th 1885

Undertaker, W. W. Madden

Place of Business, 46 East st

Thos A Stevens M. D.

Address, Cumb Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. Henry M McKewen Sanitary Inspector [OVER.]

Board of Health, City of Baltimore.

Permit No. 88296 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC. 10 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1885 Kenyhyon

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlie Kenylyon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 177 S Bond St

Cause of Death. First (Primary), Pneumonia

Second (Immediate), & Exhaustion

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Greenly St Cem

Date of Burial, December 11th 85

Undertaker H. Sanders & Son

Place of Business, 252 Cantonday *Address,*

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 88297 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Gough

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 92 *Years,* ..... *Months,* ..... *Days*

Color, ...

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, 2½ years

Place of Death, {Give Street and Number.} 11 Malcom St

Cause of Death, First (Primary), Hemorrhage of Lungs

Second (Immediate), ...

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Ft Vernon Cemetery

Date of Burial, Dec 13/85

Undertaker, L. W. Clare

Place of Business, Howard St *Address,* .....

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88298 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 11 '85 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 10th. December 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Antitz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give Street and Number.} Haubert Street Nro 40 Louis Point

Cause of Death, First (Primary), Dentitis

Second (Immediate), Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, December 11

Undertaker, Bishop

Place of Business, 62 West St

Williams Henry M. D.
Medical Attendant.

Address, S. Wolfe. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting-forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 88299 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 9th Dec 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Smith

Sex, Male or Female. {Cross out the word not required in this line.} /

Age, 2 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death. {Give street and Number.} 171 S. Murphy St

Cause of Death { First (Primary), Intestinal Worms

Second (Immediate), Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 11

Undertaker B. Myers

Place of Business, 42 West St

T. E. Hodge M. D.
Medical Attendant.

Address, 110 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 88300 *Office of Registrar of Vital Statistics.* Ward 16 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Duffey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* 8 *Months,* 3 *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, about 70 yrs

Place of Death, {Give Street and Number.} 408 Bank St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, about 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, December 12th 1885

Undertaker, Wm J. Fickes

Place of Business, 65 S. Eutaw St

S. A. Bell M. D.
Medical Attendant.

Address, 146 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the requirements below and to those of Sections [illegible]

Health Department, City of Baltimore.

Permit No. 88301 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Roll

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 hours *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 198 E. Eager Street

Cause of Death, First (Primary), Premature birth

Second (Immediate), Eclampsia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Dec 14th 1885

Undertaker, J. Fink & Son

Place of Business, 461 N. Gay *Address,* 198 E. Eager

Geo Stoner M. D.
Medical Attendant.

Address, Eager

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 88302 *Office of Registrar of Vital Statistics.* Ward 8 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate E. Mass

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 24 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, — —

Place of Death, {Give Street and Number.} 414 Hanford Ave

Cause of Death, First (Primary), ...

Second (Immediate), Malaria

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Ft Cydonia Center

Date of Burial, December 14 1885

Undertaker, Henry Flores

Place of Business, 309 Central ave

Wm B. Billingslea M. D.
Medical Attendant.

Address, 228 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88303 *Office of Registrar of Vital Statistics* Ward 14

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 11 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, December, 10th 1886, 5.30 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Grant Shaw

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 85 *Years,* 5 *Months,* 15 *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} of Samuel Shaw, deceased

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, June, 24th 1802

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give Street and Number.} 18 South High St

Cause of Death, First (Primary),

Second (Immediate), General Adynamia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 11th 1886

Undertaker, Henry W. Means

Place of Business, 22 W. Fayette St

A. Freyhertzer M. D.
Medical Attendant.

Address, 88 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88304 *Office of Registrar of Vital Statistics* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane McEntire

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, on a visit 6 weeks here

Place of Death, {Give Street and Number.} No. 338 E Monument st.

Cause of Death, First (Primary), Gastro-Enteric

Second (Immediate), Exhaustion

Duration of Last Sickness, Feeble for a long time

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 13th

Undertaker, Geo Schilling

Place of Business, Ashland Square

J. Ridgway Andre' M. D.
Medical Attendant.

Address, 121 E Balto -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88305 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the Death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 11 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hardegin

" George " Parents

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ ~~Months,~~ 1 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give Street and Number.} 206 Robert St

Cause of Death, First (Primary), "

Second (Immediate), Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 11 1885

Undertaker, Acy Hamby

Place of Business, 116 Orchard St *Address,* 802 Butler St

D. A. Nelson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88306 *Office of Registrar of Vital Statistics* 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER'S DEPARTMENT DEC. 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Dec. 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwards Shear (Real)

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* *Months.* *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 29 Vincent alley.

Cause of Death, First (Primary),

Second (Immediate), Burnt from clothing catching fire.

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Elke's de Bondu

Date of Burial, Dec 12 1885

Undertaker, Wm. Wenger

Place of Business, 62 East St

Truman T. Heil M. D.
Medical Attendant.

Address, 17 N. Calhoun st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

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Board of Health, City of Baltimore,

Permit No. 8830 7 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 10th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank. H. S. Hodgkins

~~*Sex,*~~ *Male or* ~~*Female,*~~ { Cross out the word not required in this line. }

Age, 15 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Sunbury Penna

Duration of Residence in the City of Baltimore, Nine years

Place of Death, { Give street and Number. } No 48 N. Liberty St

Cause of Death, First (Primary), Peritonitis from extension of Colitis

Second (Immediate), Erysipelas effusive

Duration of Last Sickness, Six days

the above info mation should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Dec 12th 1885

Undertaker Denny & Mitchell

Place of Business, 330 W Fayette Address, No 58 N Liberty St

H H Harris *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 88308

Office of Registrar of Vital Statistics. 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, DEC 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Parker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~~ *Years,* One *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 64 S Dallas

Cause of Death, First, (Primary.) Enteritis

Second, (Immediate.) Spasms

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 12th 1885

J E Hooker M.D.,
Medical Attendant.

Undertaker, Ale & Housley

Place of Business, 116 Orchard *Address,* 241 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88309 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 10th 6 3/4 6 30 P.M. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Ebaly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Hatting

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 125 S. Chapple

Cause of Death, First (Primary), Spinal Disease

Second (Immediate), Cardiac Dropsy

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Dec. 11th 1885

Undertaker, G. Trance

Place of Business, Frank & Wolfe Sts

James E. Donnelly M. D.
Medical Attendant.

Address, 199 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88310 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Eleanor~~ Dec. 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenor Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md. Anne Arundel Co.

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give Street and Number.} 600 N. Eary St.

Cause of Death, First (Primary), (Mitral) Disease of the Heart.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 70 years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, December 12

Undertaker, J B Cost

Place of Business, 707 W Baltimore

H. Rickert M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 88311 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1130 P.M. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christena Keil

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* 11 *Months.* 17 *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~~———~~ Wife of Herr Grand Duke dowe Hess Darmstadt.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ~~about 50~~ 39 years.

Place of Death, {Give Street and Number.} 355 Lexington St.

Cause of Death, First (Primary), General Debility

Second (Immediate), Old Age

Duration of Last Sickness, ~~———~~

All the above information should be furnished by the Physician.

Place of Burial, Western Cimetery

Date of Burial, Dec 12.

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Frederick St.

H. W. Hebner M.D.

Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Use of Blanks on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88315 ~~Office~~ *of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 11 1935 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec-10-1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm F. Minnick.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* ..... *Months,* ..... *Days*

Color, wht

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 205 W Lanvale st

Cause of Death, First (Primary), Diabetes Mellitus.

Second (Immediate), ~~~~

Duration of Last Sickness, 6 mo.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Dec 12th 1885

Undertaker, S. M. Leonard Jr

Place of Business, W Balto St *Address,* 219 Madison ave

G Lane Tanyhill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully directed to this certificate.

Health Department, City of Baltimore.

Permit No. 88313 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 11, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Baker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, About Six *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Nw. of Cemetery Lane.

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, About Three days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 12th

Undertaker, H. C. Wiedefeld

Place of Business, Gr. Greenmount Ave

Eug. R. Elwell, M. D.
Medical Attendant.

Address, 439 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 8831 *Office of Registrar of Vital Statistics.* Ward 7 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1855 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th, 1855 5 = 30 o'clock

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. A. Lake

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Infant (20) *Years,* 3 *Months,* 20 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Massachusetts~~ Delaware

Duration of Residence in the City of Baltimore, 36 days

Place of Death, {Give Street and Number.} St. Josephs Hospital

Cause of Death, First (Primary), Pulmonary Hemorrhage

Second (Immediate), Asphyxia

Duration of Last Sickness, 8 hrs

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 12 th

Undertaker, H. C. Windefeld

Place of Business, 90 Greenmount Ave

F. N. Mead M. D.

Medical Attendant.

Address, U.S. M.H.S. Custom House

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate

Health Department, City of Baltimore.

Permit No. 8835 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Cooke

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty five years

Place of Death, {Give Street and Number.} 233 Alice Anna st

Cause of Death, First (Primary), ...

Second (Immediate), Cancer of the Stomach

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Church Cemetery

Date of Burial, Dec. 14th 85

Undertaker, Solon L. Schuck

Place of Business, 265 Aliceanna st

Nicholas L. Dashiell M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88316 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 12 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate A. Comegys

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore & Potomac St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 446 N. Calhoun

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Prostration

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, 12 Dec

Undertaker, J. Ilchalmers

Place of Business, 41 Wilson St *Address,* .....

G. W. Sims *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88317 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* 1 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Manufacturer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Madison St

Cause of Death, First (Primary), Exhaustion

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 13th 1885

Undertaker, Wm J Knight & Son

Place of Business, Park & Laraby

J. R. Wiesenberg M. D.
Medical Attendant.

Address, 121 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88318 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Bond

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty-three *Years,* Two *Months,* Twenty-Seven *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cecil Co. Md.

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give Street and Number.} 218 Stirling

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 9 months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 13 1885

Undertaker, J. L. Locke

Place of Business, 413 E. Fayette *Address,* 283 N. Eden St

E. B. Jenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88319 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 10 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Viviane Harris

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 C *Years,* *Months.* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servants

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 41 Rose St

Cause of Death, First (Primary), Cancer Abdomen

Second (Immediate), "

Duration of Last Sickness, 1 year &c

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 14 1885

Undertaker, J. J. Yates

Place of Business, 73 Jefferson St

C B Gantz M. D.
Medical Attendant.

Address, 5 E Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the time and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88320 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valeska Schupp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... 4 *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 164 N. Chester St.

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 13th 1885

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* 344 E. Baltimore St.

J. H. Collenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88321 *Office of Registrar of Vital Statistics.* Ward 2nd

HEALTH DEPARTMENT
DEC 12 1885
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Shephard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Rigger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Brighton England

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, {Give Street and Number.} 37 Thames Street

Cause of Death, First (Primary), Chronic Pleuro-Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Dec 14 th 1885

Undertaker, John Kennedy

Place of Business, 382 Orleans St *Address,* 419 E. Pratt St.

James J. McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 88322 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1885 BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, Dec. 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Muldoon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* — *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 190 S. Washington St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 Months sick all of his life

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, Dec. 12. 1885

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

E. L. Bons M. D.
Medical Attendant.

Address, 373 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 88323 *Office of Registrar of Vital Statistics,* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Dashiell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 48 *Years,* — *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} M

Occupation, Carver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 600 W Lombard St

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 11. 1885

Undertaker, M. A. Daiger

Place of Business, 74 S. Bway.

Jos. Jennings M. D.
Medical Attendant.

Address, Bowdry & Bath

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88324 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11—'85—

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. E. Taylor

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days*

Color, W.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~. {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 115 Parkin St.

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Dec 12/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 359 Bank St.

J. Ryles Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 8325 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catherine Murray

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland (17 yrs. in America

Duration of Residence in the City of Baltimore, 17 yrs. —

Place of Death, {Give Street and Number.} 162 N. Calvert St

Cause of Death, First (Primary), Old Age —

Second (Immediate), Localized Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, December 13th 1885

Undertaker, Martin Fahey

Place of Business, 126 & 128 Townsend St.

Oscar J. Lokey M. D.
Medical Attendant.

Address, 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88326 *Office of Registrar of Vital Statistics.* Ward 2 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 12th. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Reiman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 11 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} 112 Thames St.

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 13 December 1885

Undertaker, John O'Shea

Place of Business, 265 Aliceanna

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 88327 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas E. Bowen

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 59 *Years,* — *Months,* 21 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, R. R. Conductor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 86 S. Paca St.

Cause of Death, First, (Primary,) Cirrhosis of Liver

Second, (Immediate,) Haemorrhage of Stomach

Duration of Last Sickness, Short Lip Months,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 13th 1885

Undertaker, John S. Mackey

Place of Business, 150 Camden St *Address,*

H. R. Fetterhoff M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 88328 *Office of Registrar of Vital Statistics.* Ward 16th

HEALTH DEPARTMENT DEC 12 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Keiholtz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 413 Hamburg St

Cause of Death, First (Primary), Serous Effusion in brain

Second (Immediate), Hemiplegia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Dec 14th 1885

Undertaker, John S. Mosher

Place of Business, No 150 Camden St

J H Hunter M. D.
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88329 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 10 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Ann Chas. Allen Parents

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 1/2 hour ~~Days~~

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~~

Occupation, ~~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 68 Wayne St. ✓

Cause of Death, First (Primary), ...

Second (Immediate), Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Pub Cem

Date of Burial, Dec 12 1885

Undertaker, F. A Leuchner

Place of Business, ...

Thos A Steiner M. D.

Attending Physician.

Comm'r of Health & Registrar

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Chas. E Finding= Inspector

Board of Health, City of Baltimore,

Permit No. 88330 *Office of Registrar of Vital Statistics.* 16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Hughes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 90 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 79 years

Place of Death, {Give street and number.} N 479 W. Pratt St

Cause of Death, First, (Primary.) } Old age
Second, (Immediate.) }

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec 14th 1885

Undertaker, Geo Leimbach

Place of Business, 384 W. Pratt St.

Henry Armitage M.D.,
—Medical Attendant.

Address, N 14 N Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8831 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenora Cook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Fifteen Years, Eleven Months, Fifteen Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give Street and Number.} 4 Smith al.

Cause of Death, First (Primary), Epilepsy + Insanity

Second (Immediate),

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Williams Wharf Matthews County Va

Date of Burial, Dec. 14-1885

Undertaker, J. F. Madden

Place of Business, 746 East Pr

E. B. Fenby, M. D.
Medical Attendant.

Address, 283 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3970 Fraser

Health Department, City of Baltimore.

Permit No. 88332 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 12 1885 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Thomas

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, Seventy-five *Years,* *Months,* *Days*

Color, Black

~~*Married*~~, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Easton Md

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give Street and Number.} No. 100 Jasper st.

Cause of Death, First (Primary), Asthma

Second (Immediate), Prostration

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Eastern MD

Date of Burial, Dec. 13. 1885

Undertaker, W M Chase

Place of Business, [illegible] Gouvieu

F B Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3971 Fairmount

Board of Health, City of Baltimore.

Permit No. 88333 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen L. Hood

HEALTH DEPARTMENT DEC 12 1885 BALTIMORE, MD.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and Number.} 147 Garrett Ave

Cause of Death, First (Primary), Acute Nephritis after Parturition

Second (Immediate), Pericarditis with Effusion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Dec 13th 1885

Undertaker B Hart

Place of Business, 82 West St

Wm. L. Hood M. D.
Medical Attendant.

Address, Hyde Ave & Paderewski St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 8835

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT
DEC 12 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. V. Owen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic Agent

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 620 Edmondson Ave

Cause of death, First, (Primary,) Cirrhosis Liver

Second, (Immediate,) Hemorrhage

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 13th 1885

Undertaker, J. Lewis Schaefer

Place of Business, 109 N Fremont

Wm H Opie M. D.,
Medical Attendant.

Address, Waverly Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 88335 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L. Steever

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 25 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S.

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 18 S. Spring St.

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Inflt. of throat and lymphatic glands

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Dec 13. 1885

Undertaker, Henry McGinnis

Place of Business, 5 N. Gen'l Ave & Address, 1 S. Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88336 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Dec 12 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hinton McGranahan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months.* — *Days*

Color,

~~Married, Single, Widow or Widower~~ {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, his birth

Place of Death, {Give Street and Number.} 582 Brunswick St

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Collapse

Duration of Last Sickness, 7 & 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, December 13

Undertaker, Jos H B Couch

Place of Business, 707 W Baltimore St *Address,*

W H Grim *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8833 7 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, December 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} 33 East st

Cause of Death, First (Primary), Cold &c

Second (Immediate), Bronchial Pneumonia

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec 13th 1885

Undertaker, Wm A Dinges

Place of Business, 62 East st

J. E. Greenlaw M. D.

Medical Attendant.

Address, Dispensary Faystte

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88338 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Santee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 168 York St.

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 13th 1885

Undertaker, Sam'l W. Chase

Place of Business, Howard & Hill Ave *Address,* 262 Sharp St

R. M. Haas M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88339 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Sadowska

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* 1 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Europe

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} #209 S. Linn St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cem'ty

Date of Burial, Decem 13. 85

Undertaker, Sr Crook & Co

Place of Business 218 S Oram St. *Address,* Maryland Avenue

Geo. J. Siljacks M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88340 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Levant

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 65 Latrina St

Cause of Death, First (Primary),

Second (Immediate), Carcinoma

Duration of Last Sickness, 6 months

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 13th 1895

Undertaker, Saml W. Chase

Place of Business, 198 S. Howard St

L. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88341 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 11 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Langston Hughes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months.* 2 *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 9 2½ St Paul st

Cause of Death, First (Primary), Pericatitis

Second (Immediate), Meningitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 13th

Undertaker, W. H. Bishop

Place of Business, Druid Hill Address, 124 n Exeter

E. C. Baldwin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Rules and Regulations on the Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88342 *Office of Registrar of Vital Statistics.* Ward 9-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

8

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecelia Braden

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days*

Color, Whit

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 6 W. Centre

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Exhaustion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 13/85

Undertaker, Jas. J. Byrne

Place of Business, N. Front

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 171 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88343 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1885 BALTIMORE MD

74

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 6. AM.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hum McGonigle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 35 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland — 3 yrs

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Epilepsy,

Second (Immediate), Asphyxia —

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Dec 14th 1885

Undertaker, W. Disson

Place of Business, Health Office *Address,* U.S.M.H.S. Custom House

J. W. Mead M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88344 *Office of Registrar of Vital Statistics.* Ward 16th

HEALTH DEPARTMENT DEC 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Hostenhamer.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 151 Conway St

Cause of Death, First (Primary), Inflammation of Bowels

Second (Immediate), Stomach

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 14th

Undertaker, G. N. Troll

Place of Business, 131 Hanover St *Address,* 76 Stark St

C H Conway M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8837 5 *Office of Registrar of Vital Statistics.* Ward 20 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 13- 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8- years

Place of Death, {Give Street and Number.} No- 1- Woodyear st

Cause of Death, First (Primary), Senile Debility

Second (Immediate),

Duration of Last Sickness, 4- weeks

All the above information should be furnished by the Physician.

Place of Burial, York Rd

Date of Burial, Dec 15. 1885

Undertaker, A Rohde

Place of Business, 48 Penna Ave

H J Houck *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3972 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88346 *Office of Registrar of Vital Statistics.* Ward 7½

HEALTH DEPARTMENT DEC 14 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

2

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Keeling

Sex, Male or Female, {Cross out the word not required in this line.} "

Age, —— *Years,* — Six — *Months,* Sixteen *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 333 N. Bond st.

Cause of Death, First (Primary), Enteritis

Second (Immediate),

Duration of Last Sickness, 2 or 3 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Dec 16 1885

Undertaker, John W Jackson

Place of Business, 204 E Lombard *Address,*

M. B. Billingslea M. D.

per E. B. Tebbs M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88347 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT DEC 14 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 13 th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Sanner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} No 79 North Bond St

Cause of Death, First (Primary), Congestion of the lungs

Second (Immediate), excess of secretion in the air passages

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Phila Road, M. E. Cemetery

Date of Burial, Decm 15th 1885

Undertaker, Denny & Whitehill

Place of Business, 68 S Broadway *Address,* 138 North Broadway

Milton N Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 8834-8 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

23

CERTIFICATE OF DEATH.

Date of Death, December 13 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Armstrong

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 7 *Months,* " *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give Street and Number.} 68 Preston St

Cause of Death, First (Primary), General Debility

Second (Immediate), Hurt from falling down Stairs

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Conn

Date of Burial, Dec 15th 1885

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw st

C. Fawcett *M. D.*
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88349 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. DEC 14 1883

B

CERTIFICATE OF DEATH.

Date of Death, Dec 11, '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. A. Thompson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 36 Gelston court

Cause of Death, First (Primary), consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, about seven Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 14th 1883

Undertaker, Hand & Mc Mase

Place of Business, 198 E. Howard st

I do not desire any fee

Wm A. Jones M. D.

Coroner Medical Attendant.

Address, 322 Hanover st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88357 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Decatur

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 13 Carlton Street

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 14 1885

Undertaker, William Lurge

Place of Business, 62 E. Pratt St

B. S. Titcomb M. D.
Medical Attendant.

Address, 616 W. Balt. Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88351 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 13 / 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Lang

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* One *Months,* — *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 232 Wolfe St. (North)

Cause of Death, First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, ~~a few~~ Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. Thos J Summerlin

Date of Burial, Dec 15th 1885

Undertaker, Adam Fink & Son

Place of Business, 461 N. Gay St *Address,* 242 N Bway

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said ~~city, it~~ shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88352 *Office of Registrar of Vital Statistics.* Ward 13 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 39 South St

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Dec 14 1885

Undertaker, Vandeburgh

Place of Business, Address, Cem

Thos A Steuart M. D.

Official Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

J P Roberts Sani Inspector

Health Department, City of Baltimore.

Permit No. 88333 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 13 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathew McClintock

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 78 *Years,* 7 *Months,* *Days*

Color,

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Retired Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 57 Years

Place of Death, {Give Street and Number.} 52 S Broadway

Cause of Death, First (Primary), Asthma

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 15 1885

Undertaker, Wm S. Fry

Place of Business, 81 W Lombard

C H Ruddle M. D.
~~Medical Attendant.~~
Prop

Address 104 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88324 *Office of Registrar of Vital Statistics.* Ward 13th

HEALTH DEPARTMENT DEC 14 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

14

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Dittmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* —— *Months,* —— *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} ✓

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany, 30 years

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Parenchymatous nephritis

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, December 14th

Undertaker, H. H. Sanders & Son

Place of Business, 250 Eastern Ave

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88353 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED DEC 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Ames

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Baltimore~~ Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 17 – Stockton st

Cause of Death, First (Primary), Senile Debility

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 15 86

Undertaker, Geo W. Saffron

Place of Business, 121 Penna Ave *Address,*

Wm J Hamer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88356 *Office of Registrar of Vital Statistics.* Ward 3 4

HEALTH DEPARTMENT DEC 14 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Clay Jasmine

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 3 *Months,* 5 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 216 E. Pratt St.

Cause of Death, First (Primary),

Second (Immediate), Dropsy

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 15-85

Undertaker, Wm E. Frey

Place of Business, 52 W Lexington Address, 207 S. Broadway

Nicholas L. Dutrieuille M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 8835 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 14/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M Norman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* 11 *Months,* 27 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 129 Washington Ave

Cause of Death, First (Primary),

Second (Immediate), Inflamation Croup

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea Cem.

Date of Burial, Dec 16th 1885

Undertaker, Edward Martin

Place of Business, No 150 Lombard

Jno D Blake M. D.
Medical Attendant.

Address, Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88358 *Office of Registrar of Vital Statistics.* Ward 16-9

HEALTH DEPARTMENT DEC. 14 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie H. Carter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. Co. Md

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give Street and Number.} 227 Montgomery st

Cause of Death, First (Primary), Acute Phthisis Pulmonalis

Second (Immediate), Apnoea

Duration of Last Sickness, 6 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemt.

Date of Burial, Dec 15th 1885

Undertaker, Wm D Hooker

Place of Business, 150 Lemmon

R. H. Ellis M. D.

Medical Attendant.

Address, 913 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 88359 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC. 14, 1885, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard M. Wastes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* 1 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, 2, 3, & 1.

Place of Death, {Give Street and Number.} 370 Cross st.

Cause of Death, First (Primary), ——

Second (Immediate), Measles

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Dec 14 1885

Undertaker, H Boas

Place of Business, 95 Lon Way St *Address,* Hanover st.

R. C. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88360 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas R Roberts

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 35 Lancaster St

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Dec 14th 1885

Undertaker, Wm. Blencowe

Place of Business, 253 Lombard *Address,* [illegible]

Thos A Glenn M. D.
~~Medical Attendant.~~

Coroner

Inspector

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 88361 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Dec 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Storath

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ½ Hour ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 495 Mc Elderry st

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Dec 15th 1885

Undertaker, John Herwig

Place of Business, 382 Orleans st

James A Steuart M. D.
~~Medical Attendant~~

Address, Camps 8 & 10

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry McMcKewen Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 88362 *Office of Registrar of Vital Statistics.* Ward 13

HEALTH DEPARTMENT, DEC 14 1883 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Young

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 3 *Months,* 7 *Days*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 11 Callender alley

Cause of Death, First (Primary),

Second (Immediate), Consumption of lungs

Duration of Last Sickness, 6 Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec. 14/83

Undertaker, J. B. Cook

Place of Business, 7 & 9 W. Balto St

W. McKenney M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88363 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kozlowski

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 277 South Ann St

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, December 14th 1885

Undertaker, Frank Leach Jr

Place of Business, 214 North Durham *Address,* Chicago N C

Thos. J. Sleeman M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Louis Mathias Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 88364 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 14 85 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Meads.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 21 *Days*

Color, Col

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balte

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 125 N. Spring St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, Dec 14th "/85

Undertaker, Peo. J. Locke

Place of Business, No 273 Jefferson St.

D J Gaff M. D.
Medical Attendant.

Address, 137 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 88365 *Office of Registrar of Vital Statistics.* Ward 19 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 19/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, ——— *Years,* —— ~~*Months,*~~ 7 Hours ~~*Days.*~~

Color, Wh'te

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 670 Hazelton Ave.

Cause of Death, First (Primary), Want of Heart power

Second (Immediate),

Duration of Last Sickness, 7 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 21 85

Undertaker, Wm J Ticknor

Place of Business, 65 E Eutaw St *Address,*

H. G. Linthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88366 · *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 14 1885 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, 9 o'clock P.M. Sunday Dec 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Eye

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* —— *Months,* 23 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germaney

Duration of Residence in the City of Baltimore, 31

Place of Death, {Give Street and Number.} ~~No 134~~ 197 Baston St

Cause of Death, First (Primary), Neuralgia

Second (Immediate), Angina Pectoris

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmil

Date of Burial, Dec 15 1885

Undertaker, H.C. Sander & Son

Place of Business, 252 Canton Ave *Address,* 28 O'Donnell St

J. E. Prichard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88367 *Office of Registrar of Vital Statistics* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC. 14 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 12. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura J. Fugua

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 31. *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give Street and Number.} 314 Stockton St

Cause of Death, {First (Primary), Bronchitis

Second (Immediate), Phthisis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, Dec 14th 1885

Undertaker, Amos Kenney

Place of Business, 923 Light St

Theard Cox M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3973 Transcribed

Health Department, City of Baltimore.

Permit No. 88368 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 12th. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Maria Murray

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 24 *Days*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 57 Orchard St.

Cause of Death, First (Primary), Doubles Capillary Bronchitis

Second (Immediate), Apnoea.

Duration of Last Sickness, About 1 mo.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 14th 1885

Undertaker, W. H. Bishop & Co.

Place of Business, 97 Druid Hill Ave. Office 262 Madison Ave.

Eldridge C. Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88369 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Houseworth

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penn.

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give Street and Number.} 104 N Mount St

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate), Haemorrhage from Lungs

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Selinsgrove Pa

Date of Burial, Dec 15th 1885

Undertaker, D Emig & Mitchell

Place of Business, 550 W Fayette St *Address,* 221 N Eutaw St

N W Wright M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within nty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death. [OVER.]

N W Wright

3974 Travel

Board of Health, City of Baltimore.

Permit No. 88370 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1885

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Eliza Pitchett

Sex, ~~Male or~~ Female. { Cross out the word not required in this line. }

Age, 41 Years, ——— Months, ——— Days,

Color, White

~~Married, Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation Seamstress

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give street and Number. } # 254 Hanover

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 6 mos

the above information should be furnished by the Physician.

Place of Burial, Laudon Park

Date of Burial, Dec 15th 1885

Undertaker Ernest Schlosman

Place of Business 161 Shroff St

Wm N. Bruce M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8837 / *Office of Registrar of Vital Statistics.* Ward 9 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, December 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hinterneck

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No. 17 Garrett St.

Cause of Death, First (Primary), Acute Phthisis

Second (Immediate), Apnoea

Duration of Last Sickness, Abouts Two Minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 16th 1883

Undertaker, Ernst Schlosman

Place of Business, [illegible] Light St. *Residence,* 33 Conway St.

DeLaney A Barclay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 88372

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec. 14. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Kappas

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 30 Years, 4 Months, X Days.

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Varnisher of pianos — (Latterly in Post Office)

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 17 Walnut Alley

Cause of Death, {First (Primary,) Tuberculosis} {Second (Immediate,) " of Larynx}

Duration of Last Sickness, about four months since he began to break down

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 16

{Undertaker, Walter Zimmel

Place of Business, 315 W. Biddle St

Rich'd Henry Thomas M. D.
Medical Attendant.

Address 207 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88373 *Office of Registrar of Vital Statistics.* Ward 2 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1885 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter L. Frankfelder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 11 Fell Street

Cause of Death, First (Primary), Fall

Second (Immediate), Eclampsia

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Dec 15th 85

James E Donnelly M. D.
Medical Attendant.

Undertaker, G. Frank

Place of Business, Bank & Wolfe Sts *Address,* 198 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

Health Department, City of Baltimore.

Permit No. 8837 *Office of Registrar of Vital Statistics.* Ward 13th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH. C

Date of Death, Dec 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Gans

~~*Son, Male or Female,*~~ {Cross out the word not required in this line.}

Age, \ *Years,* \ *Months,* 19 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 36 Lemmon St

Cause of Death, First (Primary),

Second (Immediate), Croup

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Pine Grove Balto Co Md

Date of Burial, Dec 15th 85

Undertaker, Wm H. Stiffler

Place of Business, Parkton Md *Address,* Chas M & RC

James A Steuart M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. B. Roberts Sant. Inspector

Health Department, City of Baltimore.

Permit No. 88375 *Office of Registrar of Vital Statistics.* Ward 14 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Appleby

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months.* Two — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 34 S Gilmor St

Cause of Death, First (Primary), Cyanosis

Second (Immediate),

Duration of Last Sickness, Two days —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 15-th

Undertaker, Denny + Mitchell

Place of Business, 330 W. Fayette St

J B F Phillips M. D.
Medical Attendant.

Address, 311 N Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8837 6 *Office of Registrar of Vital Statistics.* Ward 11th 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1885 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, December 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Degenbergen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 63 Druid Hill av

Cause of Death, First (Primary), Malignant disease of Rectum

Second (Immediate), Exhaustion

Duration of Last Sickness, About Two Years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 16th 1885

Undertaker, Wm Treaver

Place of Business, 402 N. Eutaw *Address,*

Chas O'Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88377 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 15 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 13 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Whittington

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 50 S York St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 15 1885

Undertaker, H. Barr

Place of Business, 95 East West St

W. L. Rose M. D.
Medical Attendant.

Address, 127 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 88378 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 13. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Catherine Holzhaus.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 89 Garden St.

Cause of Death, First (Primary), General Debility cheld birth.

Second (Immediate), Paralysis of Heart.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Dec 16 1885

Undertaker, A Rosenberger

Place of Business, 70 Mulberry St Address, 119 W Monument St.

W. P. Thomson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 88379 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizia McClintock

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Female

Age, 39 *Years,* 5 *Months,* 13 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation House Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and Number.} 19 Dumpling alley

Cause of Death, First (Primary). Pelvic Peritonitis

Second (Immediate). Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 15th 1885

Undertaker Wm P Burgess

Place of Business, 62 East Lee St

C. P. Stockman M. D.
Medical Attendant.

Address, 346 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 88380 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 15 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie & George Barnesdill (Parents)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 1 *Day*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 604 Residence

Cause of Death, First (Primary), Premature birth

Second (Immediate), Asthenia

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Dec. 16th 1885

Undertaker, Wm Frey

Place of Business, 91 Eastern Av *Address,* Camp & Pr

James A Steuart M. D.

Medical Attendant

Dr A A Lauger St

Sanitary Inspector

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8838/ *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT DEC 16 1885 BALTIMORE, MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Robert Nardine

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* * *Months,* 12 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 274 Orleans St

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 274 Orleans St

Cause of Death, First (Primary), Unknown to me

Second (Immediate), extreme exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Elizabeths Cemetery

Date of Burial, Dec 16th 1885

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* 138 N. Broadway

Milton N. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRATION OF VITAL STATISTICS.

DEC 16 1885

Permit No. 88382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 13. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Buchanan

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 27 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 292 Bruce St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dec 16 1885

Date of Burial, Lowe Cemetery

Undertaker, Wm N Berger

Place of Business, 62 East St

John J. Kirby M. D.
Medical Attendant.

Address, 215 N. Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 88383 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT DEC 16 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Lizzie Snipes (Sparcuts)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 122 Harmony Lane

Cause of Death, First (Primary),

Second (Immediate), Natural Causes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Harpest Cemetery

Date of Burial, Dec 16 1885

Undertaker, William N Lange

Place of Business, 62 East St

Mrs Jones, col Midwife

Mrs Mahoney M. D.

Medical Attendant.

Address, 280 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88384 *Office of Registrar of Vital Statistics.* DEC 16 1885 Ward 10 11 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 12th/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Harris

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 0 *Months.* 4 *Days*

Color, Light brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 121 Sarah An st Balto City

Duration of Residence in the City of Baltimore. Four days

Place of Death, {Give Street and Number.} No 121 Sarah An st

Cause of Death, First (Primary), born at 7t month

Second (Immediate), Asthenia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, Dec 16 1885

Undertaker, William Berger

Place of Business, 62 East st

Benj F Bohn M. D.
Medical Attendant.

Address, Cor Mulberry & Green sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on...

Health Department, City of Baltimore.

Permit No. 88385 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 16 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, December 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Buchannan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* ..... *Months,* ..... *Days*

Color, Col.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} No 10 Reman Terrace

Cause of Death, First (Primary), ...

Second (Immediate), Dysentery

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, Dec 16 1885

Undertaker, William N Dorsey

Place of Business, 61 East St

B. S. Tilcomb M. D.
Medical Attendant.

Address, 615 N. Balto Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 28386 — *Office of Registrar of Vital Statistics.* — Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 10 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bridie {Mother's Name

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 8 hours ~~Days~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} #27 Sharp St. Alley

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Dec 16th 1885.

Undertaker, Wm J. Gray — James A Steuart M. D. Medical Attendant

Place of Business, Mulberry St. *Address,* Camp St No 10

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Sanitary Inspector

Board of Health, City of Baltimore.

Permit No. 88387. *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER'S DEPARTMENT
DEC 16 1885
BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death. Dec 15th 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas Nathaniel Duvall

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 35 *Years,* *Months.* *Days.*

Color W

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} West River, Md

Duration of Residence in the City of Baltimore, 13 Years

Place of Death. {Give street and Number.} 89 Jasper St

Cause of Death. First (Primary), Pulmonary Tuberculosis

Second (Immediate),

Duration of Last Sickness. 2 months

All the above information should be furnished by the Physician.

Place of Burial. Shark St.

Date of Burial, Dec. 16/85

Undertaker Chas. T. Scrivin

Place of Business, 241 N. Eutaw *Address,* 2010 W. Biddle St

R. Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 88388 *Office of Registrar of Vital Statistics.* Ward 16

HEALTH DEPARTMENT, DEC 16 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 15. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Neely

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 10 *Months,* 28 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Canvasser

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md all

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 22 Chesnut alley

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Loudenpark Cem

Date of Burial, Dec 17th 1885

Undertaker, Julius C Koehler

Place of Business, Sharp & Cross Sts. *Address,* 146 Hanover St

Herman Goetz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88389 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC. 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wilschoffer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months.* 5 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Nursery & Childs Home

Cause of Death, First (Primary), General Debility

Second (Immediate), Mal-Nutrition

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 14

Undertaker, C. O. Bigford

Place of Business, 20 Penn ave

Thos. S. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88390 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1885 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Dec 16, 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Chester Hill + Annie M. Davis.

~~*Sex,*~~ *Male or ~~Female~~,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 4, *Days*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 732 S. Stricker St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), "

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, December 16

Undertaker, Joseph B Cook

Place of Business, 707 W Baltimore

L. R. Welch M. D.
Medical Attendant.

Address, 832 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8891 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Dec 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L Wm H Ross. (Parents)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 2 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 4 N Madeira Alley

Cause of Death, { First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Eastern Public Cem

Date of Burial, Dec 16th 1885

Undertaker, Martin Disson

Place of Business, Supt. E.P. Cem. *Address,* Cem. No 6 & C

James A Clemens M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M McKeown Sanitary Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 88392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John R Oberlin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 87 St. Charles St.

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Eight months

Dr. J. H. Keath, Cor. Charles and Centre Sts., Baltimore, Md.

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cem.

Date of Burial, Dec. 17/85

Undertaker, H. A. Saiger

Place of Business, 74 S. Sidney St.

Dr. J. H. Keath M. D.
Medical Attendant.

Address Cor Charles & Centre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo[illegible]

Permit No. 89396

OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC. 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 14 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E Johnson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 23 10 *Years,* *Months,* *Days.*

Color, C C

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot County Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number} 13 Arch St

Cause of Death, {First, (Primary,) Senile Col

{Second, (Immediate,) Pulmonary Consumption

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 17th 1885

Undertaker, Chas Hamilton

Place of Business, 111 Archer St

W W Hammond M. D.
Medical Attendant.

Address, 64 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 88394 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 15- 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Young

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* — *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Minor

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 100 N. Biddle St.

Cause of Death, First (Primary), Capillary Bronchitis with probable Pneumonia of left lung.

Second (Immediate),

Duration of Last Sickness, only a few days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 16 1885

Undertaker W H Bishop

Place of Business, 97 Druid Hill Ave *Address,* 248 N. Eutaw St.

Wm E. Mosher M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 88395 *Office of Registrar of Vital Statistics.* Ward 1 51

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 17 1885 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Decemb. 15 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Mehler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 10 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 139 S. Collington Ave

Cause of Death, First (Primary), Laryngitis Compressa

Second (Immediate), Asthenia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Dec. 17th 85

Undertaker, G. France

Place of Business, France & Wolfe Add. Address, 238 Madison ave

L. Buttmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88396 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Schweiger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give Street and Number.} # 184 S. Chapel St.

Cause of Death, First (Primary), Trismus Nascentium

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Dec 17th 85.

Undertaker, G. France

Place of Business, Frank & Wolfe Address, 443 Aliceanna

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88397 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Dec. 13 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Lloyd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern shore

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} 28 Wagon alley

Cause of Death, First (Primary), died from effects of a

Second (Immediate), wound on the head

Duration of Last Sickness, about 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Grace St Cemetery

Date of Burial, Dec 17 1885

Undertaker, S W Chase

Place of Business, 198 Howard ave

Wm A. Jones M. D.

~~Medical Attendant.~~ Coroner

Address, 326 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. [redacted] *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1885

CERTIFICATE OF DEATH.

Date of Death, December 17, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Fisher.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} 79 S. Wolfe St.

Cause of Death, First (Primary),

Second (Immediate), Tubercular meningitis.

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Oakdale - Home Cem.

Date of Burial, Dec 18th 1885

Undertaker, Wenckes & Keppler

Place of Business, ... *Address,* 139 N. Calvert St.

George A. Rohé, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 88399 *Office of Registrar of Vital Statistics.* Ward 16?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED DEC 17 1885 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Kurtz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* 2 *Months,* 27 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 Yrs

Place of Death, {Give Street and Number.} 33 \ Pearre St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Paralysis

Duration of Last Sickness, 16 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 17th. 85

Undertaker, F. R. Troll. Newton Cole M D. Medical Attendant.

Place of Business, 131 Hanover St. *Address,* 46 Pearre St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 88409 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 16. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Riley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, about 63 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} N. E. cor. Division and McMechen

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec. 18/85

Undertaker, Chas. J. Serwin

Place of Business, 27 S. Eutaw Address, 219 Madison ave.

G Lane Tanyhill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 88401 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 17 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Decbr 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonio Rafael Gilbert

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 695 Hanover St

Duration of Residence in the City of Baltimore, Birth

Place of Death, {Give street and Number.} 695 Hanover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of Last Sickness, from Birth

All the above information should be furnished by the Physician.

Place of Burial Old Oliver Cemetery

Date of Burial, December 18th '85

Undertaker, John O. Schuld

Place of Business, 265 Hanover St

Dr. Conrad M. D., Medical Attendant.

Address, 154 S Stockton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Health Department, City of Baltimore.

Permit No. 88402 *Office of Registrar of Vital Statistics.* Ward 18 C.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 17 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 14, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Eckert

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, — *Years,* — *Months,* 8 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 100 Frederick Road.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 100 Frederick Road

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Sub Cemetery

Date of Burial, Dec 17/1885

Undertaker, J. C. Tolley

Place of Business, 30 Dolphin St

J. J. Luttrell M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 88403 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, "Colored"

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, (Laborer)

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 518 Vincent Alley.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Exhaustion

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Wrapes St Cemetery

Date of Burial, Dec 17 1885

Undertaker, William Lange

Place of Business, 62 East St

H. Ricketts M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Permit No. 884404 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the correct filling of this Certificate, *accurately filled up* to the Undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 15 - 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Perry Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* 8 *Months.* 3 *Days*

Color C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Numbers} 316 Vincent Ave.

Cause of Death. First (Primary). Acute Bronchitis

Second (Immediate). Pulmonary Obstruction

Duration of Last Sickness. 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Reisterstown Md

Date of Burial, Dec 18 1885

Undertaker, Jennie Johnson

Place of Business, 316 Vincent Ally *Address,* 181 Linden Ave

Henry Chandlee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

3976 Vincent

Health Department, City of Baltimore.

Permit No. 88405 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 18 - 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Campbell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days*

Color, ~~White~~ Coold

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give Street and Number.} No. 90 Chestnut St.

Cause of Death, First (Primary), Burns of the entire upper half of body

Second (Immediate), Exhaustion. —

Duration of Last Sickness, 9 hours —

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Dec 18th 1885

Undertaker, M. Lisson

Place of Business, Health Office

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

See following certificate

Health Department, City of Baltimore.

Permit No. 88405 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 17 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Lambspell.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days*

Color, Colored,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 20 Chestnut St,

Cause of Death, First (Primary), Burn

Second (Immediate), Shock,

Duration of Last Sickness, 4 hrs,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 18th 1885

Undertaker, Chas. E. Butler

Place of Business, 132 N. Caroline *Address,* 133 N Gilmor St

F. W. Chamberlain M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88406 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 17 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Agnes Thomas Dec. 16 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Thomas.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* ..... *Months,* ..... *Days*

Color, Col.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, School girl.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co., Md.

Duration of Residence in the City of Baltimore, 1 yrs.

Place of Death, {Give Street and Number.} 4 6 Diamond st.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial Calvert Co. Md

Date of Burial, Dec 19" 1885

Undertaker, Saml W. Chase

Place of Business, S. Howard St

J. F. Hutchins, M. D.

for ~~Medical Attendant.~~

Address, Dr. Hutchins, 106 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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Board of Health, City of Baltimore,

Permit No. 88407 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia J. Kendall

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 Weeks

Place of Death, {Give street and Number.} 132 Argyle Ave

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) "

Duration of Last Sickness, about 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 18th 1885

Undertaker, Henry W. Mears

Place of Business, 22 W. Fayette St

J. O. Hummer M. D., Medical Attendant.

Address, 87 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 88408 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 17 1885 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philepina Kovatine

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} No 274 Orleans St

Cause of Death, First (Primary), Hereditary

Second (Immediate), Consumption

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Algansius Cem

Date of Burial, Dec 18th 1885

Undertaker, John Herring

Place of Business, 382 Orleans St *Address,* 138 N. Broadway

Milton A. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88409 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 17th Dec. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Florence Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 124 Boyd St

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, 21 Dec. 18 1885

Undertaker, J. B. Cook

Place of Business, 707 W Balto St *Address,* 187 Hollins St

F. T. Benson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88410 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 17 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Thursday Dec. 17 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} D. M. McCaffray

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Clergyman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give Street and Number.} 304 Ramsey st.

Cause of Death, First (Primary), Cal 5 Contracted 2 yrs ago

Second (Immediate), Pulmonary Phthisis

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Dec. 20/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto *Address,* 558 W. Fayette St.

D. Norris *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88411 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M Fuchs

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months.* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany (38 yrs. in America

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give Street and Number.} 260 N. Entaw Ave -

Cause of Death, First (Primary), Old Age -

Second (Immediate), Apoplexia -

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Dec 18 - 1885

Undertaker, Henry Hook

Place of Business, 30 E. Fayette St *Address,* 188 N. Gilmore St

Oscar J Coker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 88414 *Office of Registrar of Vital Statistics.* Ward 7 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 16/85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Margaretta Hergeman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 50

Place of Death, {Give street and Number.} 50 Chew st

Cause of Death, First (Primary), apoplexy

Second (Immediate),

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cl

Date of Burial, December 19 1885

F. Ellamore *M. D.*
Medical Attendant.

Undertaker Henry Hoeck

Place of Business, 989 N. Central Av *Address,* 93 Vacker st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 88413 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 18 1885
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Anna Blake

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One Year, Eleven Months, Seventeen Days

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 96 North Amity St.

Cause of Death, First (Primary), Teething

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Virginia

Date of Burial, Dec 19th 85

Undertaker, Wm S Fry

Place of Business, 17 N. Broadway *Address,* Res. 102 N Broadway

Wm H Hendrickson, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

Board of Health, City of Baltimore,

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 88414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 16 = 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Alborn (Alcorn

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, about 101 *Years,* *Months,* *Days.*

Color, dark *Sex,*

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} No 204 Biddle St

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Heart disease

Duration of Last Sickness, 1 true days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec 19th

Undertaker, John J Andrews

Place of Business, 1164 & 6 Druid Hill Ave

E. Ridgely Bare M. D.
Medical Attendant.

Address No 142 Bolton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88415 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 16 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Dec 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther F. Bauer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* " *Months,* *Days*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Mass - ✓

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give Street and Number.} 290 Fallsway

Cause of Death, First (Primary), Strangulated Hernia

Second (Immediate), Peritonitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 18th A 1895

Undertaker, [illegible]

Place of Business, 2607 Eutaw Pl

R W Tolles M. D.
Medical Attendant.

Address, 333 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88416 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT DEC 18 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 16, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie A Ladley

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co Md

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give Street and Number.} 617 W Lombard st

Cause of Death, First (Primary), Cancer of Stomach

Second (Immediate),

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 19/85

Undertaker, J B Cook

Place of Business, 707 W Balt *Address,* 319 Hollins st

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88417 *Office of Registrar of Vital Statistics.* Ward 13th 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT DEC 18 1885 BALTIMORE

CERTIFICATE OF DEATH.

C

Date of Death, Dec 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Butler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 73 Bullitt St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, Eight (8) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 18th

Undertaker, John J Cowan

Place of Business, 89 Hollins st

D L Glenn M. D.
Medical Attendant.

Address, 387 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8418 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 17. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fanning

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} Fanning

Age, 62 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 164 Scott St

Cause of Death, First (Primary), Softening of the brain

Second (Immediate), Asphyxia

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 18th 1885

Undertaker, John S. Mackey

Place of Business, 156 Camden St.

Geo R Graham M. D.
Medical Attendant.

Address, 35 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88419 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Decembr 16 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen M Gibson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Connellsville Pa

Duration of Residence in the City of Baltimore, Over 2 weeks

Place of Death, {Give Street and Number.} 76 Saratoga St

Cause of Death, First (Primary), Calculus Abscess of Neck

Second (Immediate),

Duration of Last Sickness, About one hour

All the above information should be furnished by the Physician.

Place of Burial, Connellsville Pa

Date of Burial, Dec 20th 1885

Undertaker, Stewart & Mowen

Place of Business, 35 Parkave

C H Rutledge M. D.
~~Medical Attendant.~~ Coroner

Address, 101 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

3979 Fremont

...Physician is respectfully invited to the Return below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88420 *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT DEC 19 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 18, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice L Dryden

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give Street and Number.} 6 Selma Place

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Salisbury Md

Date of Burial, Dec 19/85

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette

James Bosley M. D.
Medical Attendant.

Address, 319 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3981 Transit

Health Department, City of Baltimore.

Permit No. 8842/ *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 18 1885

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Kelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1 Hall Alley

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 19

Undertaker, P. Smith

Place of Business, 42 West St

J. H. Blake M. D.
Medical Attendant.

Address, 347 W Baltimore

Extract from Regulations of the Board of Health to secure a full and oorrect record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88422. *Office of Registrar of Vital Statistics.* Ward 19th

HEALTH DEPARTMENT BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, Color

Married, Single, Widow or Widower, {Cross out the words not required in this line.} C

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 24 Stockton alley

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Harper St Cemetery

Date of Burial, Dec 18, 1884—D

Undertaker, William Herring

Place of Business, 62 East St

W. H. McShane M. D.
Medical Attendant.

Address, 582 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88423 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 17/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Feinberg

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~ *Years,* ~ *Months,* 1/2 *Days*

Color, cd

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 169 Minchet alley

Cause of Death, First (Primary), "

Second (Immediate), Asthenia

Duration of Last Sickness, Life Time

All the above information should be furnished by the Physician.

Place of Burial, Chas St Cemetery

Date of Burial, Dec 18/85

Undertaker, W. F. Duncan

Place of Business, East St E

James A Steuart M. D.
Medical Attendant.

Address, Lombard & Ro

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo. E. Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88424 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Trim

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} ✓

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 16½ Eutaw St

Cause of Death, First (Primary), Hemiplegia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Dec 20th/85

Undertaker, Geo Schilling

Place of Business, Ashland & Lyon *Address,* 17 & 21 Eutaw

G. B. Gundry *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88425 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Dec. 17. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Downs

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 20 Essex St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 20 Essex St.

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec. 18. 1885

Undertaker, Henry H. & Gunn's

Place of Business, 11 & 11 Central Ave. *Address,* 324 Aisquith St.

Edward F. Wood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Section on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 88424 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 18 1885 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 16 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Silas & Georgeanna Hudlum

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* a few minutes ~~Days.~~

Color, Negro

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 48 S Sutter St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 48 S Sutter St

Cause of Death, First (Primary), Prolapse of Umbilical Cord

Second (Immediate), Asphyxia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lowndes Cemetery

Date of Burial, Dec 16 1885

Undertaker Williams & Lange

Place of Business, 62 East St

J B Schwatka M. D.
Medical Attendant.

Address, Cor Bway & Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Secretary of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88427 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 18 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 18 — 85 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Strott

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 49 — *Years,* 9 — *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, — — — — — — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, (2)

Place of Death, {Give Street and Number.} 377 N. Central Ave

Cause of Death, First (Primary), Diss. Sclerosis of Spin. Chord.

Second (Immediate), Wasting & Exhaustion

Duration of Last Sickness, Several years. —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec. 21st 1885

Undertaker, A. Fink & Son

Place of Business, 461 N. Gay St *Address,* 226 Montgomery

Dr G Strauss M D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

5-9

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 88428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 18 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addie Simms

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Augusta Georgia

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 57 Forrest St.

Cause of Death, First (Primary,) Cerebro Spinal Meningitis
Second (Immediate,) Exhaustion

Duration of Last Sickness, Twenty four days

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, Dec 19 1885

Undertaker, Wm J Enzie

Place of Business, 62 East St

Jas J Bell M.D.
Medical Attendant.

Address 134½ Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88429 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 19 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Shöer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 235 N. Broad st.

Cause of Death, First (Primary), Fell into Boiling water

Second (Immediate), Shock

Duration of Last Sickness, 20 hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Dec 19th 1883

Chas. B. Kuhn M. D.
Medical Attendant.

Undertaker, Henry Hook

Place of Business, 209 N. Central Av *Address,* 282 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88430 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 16 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Myers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, — *Years,* — *Months,* 6 *Days*

Color, Col -

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 65 South Duncan alley

Cause of Death, First (Primary),

Second (Immediate), Laryngitis

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 18 1885

Undertaker, T J Lucks

Place of Business, 73 Jefferson St

Jno A Bergunger M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 88431 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Nelson

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* 4 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 24 Eady Street

Cause of Death, First (Primary), Gastro-Enteritis

Second (Immediate),

Duration of Last Sickness, 25 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls cem

Date of Burial, December 2d '85

Undertaker, W. Sander & Son

Place of Business, 352 Canton Av *Address,* 472 E. Pratt Street

James R. Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88432 *Office of Registrar of Vital Statistics,* Ward 17

HEALTH DEPARTMENT DEC 16 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 16. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sacks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Farmer & Milk Man

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} Howard & Jefferson Sts

Cause of Death, First (Primary), Asthma

Second (Immediate), Supposed to be Some Form of Heart

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Little Town Pa!

Date of Burial, Dec 19 th 1885 by Theodore Cook M. D.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [Over.]

3982 Transcript

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88433. *Office of Registrar of Vital Statistics.* Ward 9 2

HEALTH DEPARTMENT DEC 19 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Wildberger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* 6 *Months,* 1 *Day*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 Year 4 Mos

Place of Death, {Give Street and Number.} 5 N Frederick St

Cause of Death, First (Primary), Ulcer Puerperal State

Second (Immediate), Pyemia

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co m.

Date of Burial, Dec 19 th 1885

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* Balto City

C. A. Shuck M. D.
Medical Attendant.
W Fairfield

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death

[over.]

Health Department, City of Baltimore.

Permit No. 88434 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1885 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Dec. 18 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Durbeck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* 5 *Months,* *Days*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 322 N Central Ave.

Cause of Death, First (Primary), 322 ~~Dropsy~~ Valvular disease of heart

Second (Immediate), Dropsy?

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem

Date of Burial, Dec 21 st 1885

Undertaker, John Kennedy

Place of Business, 382 Orleans St *Address,* 344 E Baltimore St.

J H Ehrlenberg *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88435 *Office of Registrar of Vital Statistics.* 5

HEALTH DEPARTMENT DEC 19 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Dec- 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Sparklin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Eighty-one Years, *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore of Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 126 Aisquith

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 20th 1885

Undertaker, Wm S. Fry

Place of Business, 81 N. Broadway *Address,* 283 N. Eden St.

E. B. Fenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88436 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 17 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Beare

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Ireland~~ Penn.

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give Street and Number.} 19 Burneyth St

Cause of Death, First (Primary), Heart disease

Second (Immediate), Apnoea

Duration of Last Sickness, ~~2~~ 2 hrs

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Dec 20. 1883

Undertaker, B Hurle

Place of Business, 82 West St

D W Peters M. D.
Medical Attendant.

Address, 211 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88437 *Office of Registrar of Vital Statistics.* Ward 15th 9

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* ..... *Months,* ..... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, Wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 401 Alice Ann

Cause of Death, First (Primary), Disease of pre-duodenum Cancer - C Ramolaxa

Second (Immediate), Gangrene Anemia from Anti-Morans Lemorrhage - Asthenic #

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cem

Date of Burial, Dec 19 1888

Undertaker Ho Sanders Son

Place of Business, 352 Carlton *Address,* 401 Alice Ann

G. L. Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Called in Consultation - performed Craniotomy
Death 10 hours after Operation

Health Department, City of Baltimore.

Permit No. 88438 *Office of Registrar of Vital Statistics.* Ward 7½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, 18th Dec 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McE McGlynne

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* 6 *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 388 Eastern Ave

Cause of Death, First (Primary), General Prostration

Second (Immediate), (Pulmonary) Hemorrhage

Duration of Last Sickness, about 12 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters County

Date of Burial, Monday Dec 21

Undertaker, Jos F Byrne

Place of Business, 407 W Lexington St

C B Blanchard M. D.
Medical Attendant.

Address, 57 Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88439 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 17 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ann Bright

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 7 Jessup Road

Cause of Death, First (Primary), "

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Auburn East green

Date of Burial, Dec 19th cemetery 1885

Undertaker, Wm M Dunge

Place of Business, 62 East St

L L Gosh . M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 88440 *Office of Registrar of Vital Statistics*, Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Decbr 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Lindsay

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* 2 *Months,* 21 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} York County Pa

Duration of Residence in the City of Baltimore, 19 Yrs

Place of Death, {Give street and Number.} S W. corner Barre & Edmondson Ave

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Dec 20th 1885

Undertaker, F Lewis Schaefer

Place of Business, 109 N Treadwell

J W Coonan M. D.
Medical Attendant.

Address, 1843 Shark

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 88441 *Office of Registrar of Vital Statistics* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the [illegible] this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT, DEC 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 18 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Kinsey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 2 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 218 Stirling St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 218 Stirling St

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lauer Semetery

Date of Burial, Dec 20th

Undertaker, Henry Keech

Place of Business, 309 Central Av

David V Moyer M. D., Medical Attendant.

Address, 192 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 8442 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 18 — 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Herald

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Pier 4 Balto Coal Pier

Cause of Death, First (Primary), Accidental Fall from Coal Pier

Second (Immediate), Concussion & Compression of Brain

Duration of Last Sickness, Few minutes

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

E. H. Rudolph M. D.

~~Medical Attendant~~

Address, 109 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

See following certificate

[OVER.]

Health Department, City of Baltimore.

HEALTH DEPARTMENT DEC 19 BALTIMORE MD.

Permit No. 88442 *Office of Registrar of Vital Statistics* Ward 1 Sub 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, December 18th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Herald

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give Street and Number.} P. W. & Balto. Coal Pier

Cause of Death, First (Primary), Accidental fall from Coal Pier

Second (Immediate), Concussion & Compression of Brain

Duration of Last Sickness, Few minutes

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem'y

Date of Burial, Dec 20th 1885.

Undertaker, Peter Frey

Place of Business, 91 Eutaw St

E. A. Kuehn M. D.
Medical Attendant.

Address, 191 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 88443

Office of Registrar of Vital Statistics.

12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, DEC 19 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Briggs

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 96. *Years,* 16. *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Michegan

Duration of Residence in the City of Baltimore, 3 Weeks

Place of Death, {Give street and number.} Union Protestant Infirmary

Cause of Death, First, (Primary.) Tumor of the Kidney

Second, (Immediate.) Sclerosis

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Michigan

Date of Burial, Dec 22nd 85

Undertaker, J. H. Jenkins & Sons

Place of Business, Park & Saratoga St *Address,* 146 Park Ave

H. P. C. Wilson M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3983 Trans

Board of Health, City of Baltimore,

20

Permit No: 88454

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *fully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 18. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} (Infant unnamed - daughter of Alfred Blackston)

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 7 *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 2 Norris Al -

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) —

Duration of last Sickness, 2 days -

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 20 1885

Undertaker, Saml W. Chase

Place of Business, Howard St *Address,* 215 N. Carrollton av

John G. King M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ses on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 88425 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 12-19-85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. H. Martin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* ..... *Months,* ..... *Days,*

Color col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 Yrs.

Place of Death, {Give street and Number.} 65 Russell St

Cause of Death, First, (Primary,) Albuminuria

Second, (Immediate,)

Duration of Last Sickness, 6 mo

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Decem 20 1885

Undertaker, Hercules Barn

Place of Business, 95 Con Wash St

Louis McCosman M. D., Medical Attendant.

Address, 324 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 88446

Office of Registrar of Vital Statistics.

3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, DEC 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 17. December 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Luther Kerr.

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 11 *Days.*

Color, white

~~Married, Single, Widow or Widower.~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 337 E. Fayette Str.

Cause of Death, First, (Primary.)

Second, (Immediate.) Catarrhus suffocativus.

Duration of Last Sickness, eight days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cy.

Date of Burial, Dezember 20th

Robert Arthur **M.D.,**
Medical Attendant.

Undertaker, John M. Oertel.

Place of Business, 210 E. Balt. st. *Address,* 121 S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

18[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 88447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 4.30 P M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Parrish

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* 8 *Months,* 20 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 29 yr 8 mo & 20 days

Place of Death, {Give street and number.} 942 Barre St

Cause of Death, First (Primary,) Morbus addisonii

Second (Immediate,) Uraemic Intoxication

Duration of Last Sickness, between 2 & 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Dec 20th 1885

Undertaker, Alex Hemsley

Place of Business, 116 Orchard St

T Edward Kirby M. D.
Medical Attendant.

Address 82 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88448 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, DEC 19 1885 BALTIMORE, MD.

Date of Death, Dec 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. [illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 6 E Pratt St.

Cause of Death, {First (Primary),} Diphtheria

{Second (Immediate),}

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 20th

Undertaker, J. Shaw & Brown

Place of Business, 69 Baltimore St

A. E. Price M. D.
Medical Attendant

Address, 957 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 18449 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 20 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth McDonald

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 29 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} & Baltimore

Duration of Residence in the City of Baltimore, Whole life except past year

Place of Death, {Give Street and Number.} 286 Mulberry Alley

Cause of Death, First (Primary), Laryngeal Phthisis

Second (Immediate), Premature Chld birth at 8 mo

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Sykesville Md.

Date of Burial, Dec 21st 85

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St *Address,* 179 N Howard St

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

Transit 3984

Board of Health, City of Baltimore.

10
13

Permit No. 88450. *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 20 1885 BALTIMORE

Date of Death, Dec 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Beales

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 227 Pierce St

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, December 21.

Undertaker, Walter Immel

Place of Business, 315 W. Biddle.

J. W. Clark M. D.,
Medical Attendant.

Address, 217 N. Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8845 1 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec: 18th: 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Eisenman

Sex, ~~Male~~ or *Female.* {Cross out the word not required in this line.}

Age, 65 *Years.* ~~ *Months.* ~~ *Days*

Color,

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 126 E. Baltimore St

Cause of Death, First (Primary), Asthma with Ch. Bronchit.

Second (Immediate),

Duration of Last Sickness, About 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Edem M Cemetery

Date of Burial, Dec 19th 15 S. H. Perkins M. D.

Medical Attendant.

Undertaker,

Place of Business, *Address,* 2 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88452 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Gavin

~~Sex,~~ *Male or* ~~Female,~~ {Cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months.* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 49. S. Schroeder st.

Cause of Death, First (Primary), Dysentery

Second (Immediate), Uremic Coma.

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, December 21

Undertaker, Jos. B Cook

Place of Business, 707 W Baltimore st

Inman F Hill M. D.
Medical Attendant.

Address, 17 N. Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8845 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 19 / 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Cornish

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 184 York St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 20 1886

Undertaker, Geo W Baker

Place of Business, 221 Hamburg *Address,* 177 Shaft Alley

W. S. Booze M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88454 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Dec 19 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Zemkais

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 9 *Years,* 6 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 248 Light St

Cause of Death, First (Primary),

Second (Immediate), Dysentery Fever

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Dec 21st 1885

Undertaker, George Leimbach

Place of Business, 389 West Pratt St *Address,* 116 Hanover St

Thomas Ofte M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Suggestions respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88453 *Office of Registrar of Vital Statistics.* Ward 7½

HEALTH DEPARTMENT DEC 21 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Burns

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 323 N. Caroline St.

Cause of Death, First (Primary), Poor Physical Condition.

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 21st 1885

Gordon Bibb, M. D.
Medical Attendant.

Undertaker, Henry W. Meads

Place of Business, 22 W. Fayette St. *Address,* 4½ Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88456 *Office of Registrar of Vital Statistics.* Ward 8

HEALTH DEPARTMENT RECEIVED DEC 15 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, the Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Doelcamp

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 11 Castle Alley

Cause of Death, First (Primary), Acute Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Dec 21. 1885 Geo Lamar M. D.

Medical Attendant.

Undertaker, Henry McGinnis

Place of Business, 82 & 84 Central Ave *Address,* 17 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT DEC 21 1885 BALTIMORE MD.

Permit No. 88457 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 19 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Barry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* — *Months,* — *Days*

Color, Wht.

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs. —

Place of Death, {Give Street and Number.} No. 38 Hartford Ave. —

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), —

Duration of Last Sickness, 8 — 10 mos. —

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral Cy

Date of Burial, Dec 21st 1885

Undertaker, Jas P Byrne

Place of Business, 65 Penna

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88458 *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT DEC 31 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth B. Clark

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lynchburg Va

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give Street and Number.} 27 N. Calhoun St

Cause of Death, First (Primary), —

Second (Immediate), Pneumonia Lung Trouble

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 21/85

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette

J. L. Skinner M. D.
Medical Attendant.

Address, 27 N. Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...ysicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88459 *Office of Registrar of Vital Statistics.* Ward 14th

HEALTH DEPARTMENT DEC 21 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, ~~Charles Eichhorn~~ Dec 20th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Eichhorn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 9 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single ✓

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 56, S. (Baltimore) Calhoun St

Cause of Death, First (Primary),

Second (Immediate), Diphtheretic croup

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, 3rd 21st 86.

Undertaker, Jno. Krull

Place of Business, Columbia & Stockholm *Address,* Fremont & Fayette Sts

Chas. W. Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 88460 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
DEC 21 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 20. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V Sargeant

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* — *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life.

Place of Death, {Give Street and Number.} 21 Pennsylvania Ave

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, one years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Dec. 24/85

Undertaker, Chas. T. Sevier

Place of Business, 21 N. Eutaw

W. F. Kemp M. D.
Medical Attendant.

Address, 55 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 88461

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT DEC 31 10 35 BALTIMORE MD.

3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 20. December 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Robert Widmer.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 9 *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 10. W. Bank Ste.

Cause of Death, First, (Primary.) Dentitio difficilis / Spasmi.

Second, (Immediate.) Combustio

Duration of Last Sickness, dentitis 1 two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, Dec 22nd 1885

Undertaker, Fred. Gaede

Place of Business, 27 S. Caroline St

Robert Smith M.D.,
Medical Attendant.

Address, 121 N. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE MD. DEC 21 1885

Permit No. 88462 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Anderson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Fl

Age, 1 *Years,* 1 *Months,* 19 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 302 Canton avenue

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Dec 24th 1885

Undertaker, H. C. Saunder & Son

Place of Business, 232 Canton ave

Nicholas L. Bathell M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 884463 *Office of Registrar of Vital Statistics.* Ward 10

HEALTH DEPARTMENT DEC 21 1935 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19/35

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emelie Meine

Sex, ~~*Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, white

Married, ~~*Single*~~, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 427 Saratoga St

Cause of Death, First (Primary), Bright Disease Kidney

Second (Immediate), Cerebral

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, Dec 22 the

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

J. H. Adler M. D.
Medical Attendant.

Address, 188 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88464 *Office of Registrar of Vital Statistics* Ward 15

HEALTH DEPARTMENT DEC 21 1885 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Gorsuch Grice

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Gentleman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penn

Duration of Residence in the City of Baltimore, 52 Years

Place of Death, {Give Street and Number.} 58 Hill St

Cause of Death, First (Primary), ~~Unknown~~ Old age

Second (Immediate), Bronchitis

Duration of Last Sickness, 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 22nd 1885

Undertaker, Stewart & Mowen

Place of Business, 35 Park Ave

I Reverd Gatch M. D.
Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88765 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT DEC 21 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, December 20th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Plasterer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 56 Ridgley St

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, About 15 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 24/85

Undertaker, W^m. J. Tickner

Place of Business, 65 S. Eutaw

Chas. A. Bell M. D.

~~Medical Examiner~~ Coroner

Address, 161 Eutaw Pl

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88466 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 21 1885 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William S Stuart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* —— *Months,* —— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Expressman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 275 Hanover St

Cause of Death, First (Primary), Hemiplegia

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Dec 22 85

Undertaker, Wm J Pickner

Place of Business, 65 S Eutaw St

J H Kenny M. D.
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88467 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 21 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albertine Broecklein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 9 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 112 Burgundy st.

Cause of Death, First (Primary), Abscess of Spine

Second (Immediate), Prostration

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Dec 22 /85

Undertaker, Wm J Tichner

Place of Business, 65 Eutaw *Address,* 166 S. Paca st

C. L. Cuddeback M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...previously given to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

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Permit No. 88468 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 21 1885 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, December 20 th. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Dennis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, col.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give Street and Number.} 39 Oxford St

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate), " " "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Va

Date of Burial, Dec 22nd 1885

Undertaker, C. L. Heusler

Place of Business, 41 Orchard St

W. B. Browne M. D.
Medical Attendant.

Address, 307 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88469 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BUREAU OF REGISTRY AND VITAL STATISTICS DEC 21 1885

74

CERTIFICATE OF DEATH.

Date of Death, December 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelia Penfield Scott

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Virginia

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Paralysis (Hemiplegia)

Second (Immediate), Exhaustion

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, December 23

Undertaker, J B Cook

Place of Business, 707 W Baltimore St

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88479 *Office of Registrar of Vital Statistics,* DEC 21 1885 Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Miller.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, (Baker)

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 305 N. Eutaw St

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), ~~1½ years.~~ En Laryngis.

Duration of Last Sickness, 1½ years.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 22 1885

H. Rickert M. D.
Medical Attendant.

Undertaker, A Kronberger

Place of Business, 70 Mulberry *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8847 / *Office of Registrar of Vital Statistics.* **Ward** 1 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mary Gurney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 1011 E Eastwest

Cause of Death, First (Primary), Spasm

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Bethel Westminster Cem

Date of Burial, Dec. 21st '85

Undertaker, G. Frances

Place of Business, 1 Bank & Water Sts. *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88472 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Weiss

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 15 2 Gough St

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 3 Week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Dec. 21st 85

Geo B. Reynolds M. D.
Medical Attendant.

Undertaker, G. Franey

Place of Business, Franey & Wolfe St *Address,* 171 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88473 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec" 19" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence A. Matthews

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ——— *Years,* 11 *Months,* ——— *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 96 Russell St

Cause of Death, First (Primary),

Second (Immediate), Bronchial Catarrh

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Decem 21 1885

Undertaker, A Ross

Place of Business, 95 Lan Way St. *Address,*

James A Steuart M. D.

Medical Attendant.

Comm" of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E Dunning Assistant

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88474 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 21 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Mitchell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 43 *Years,* ——— *Months,* ——— *Days*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown.

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give Street and Number.} 68 Welcome Alley

Cause of Death, First (Primary), ———

Second (Immediate), Consumption

Duration of Last Sickness, One year.

All the above Information should be furnished by the Physician.

Place of Burial, Western Pub Cem

Date of Burial, Dec 21 1885

Undertaker, F. A Kerchner

Place of Business, Health Office

Thos A Steuart M. D.

~~Medical Attendant~~ Com'r of Health & Registrar

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

John E Dunding Inspector

...y Physician, if convenient, and to Sec. 2 below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88475 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 21 1885 BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, Dec 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hartz Kaufman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 84 *Years,* ..... *Months,* ..... *Days*

Color, White *Condition* Widower

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married, Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 Years ✓

Place of Death, {Give Street and Number.} 26 S. Paca Balt Md

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness, ½ hour

All the above information should be furnished by the Physician.

Place of Burial, Wheab Sholom Druid Hill Ave

Date of Burial, Dec. 22nd 1885

Undertaker, Jacob Athens

Place of Business, No 30 N. High St *Address,* 36 S. Eutaw St

J. E. Clayton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88476 *Office of Registrar of Vital Statistics.* Ward 7 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1885 ~~1845~~

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry C. Fisher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Steam Rubber.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 43 yrs

Place of Death, {Give Street and Number.} St. Josephs Hospital

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate), Apnea

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec. 22/85

Undertaker, Chas. T. Scirson

Place of Business, 2 N. Eutaw *Address,* 188 N. Calvert St

Oscar J. Cookson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

No. 8 8 4 7 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88477 *Office of Registrar of Vital Statistics.* Ward 11 9

HEALTH DEPARTMENT
DEC 21 1885
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James S. Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~ *Years,* ~ *Months,* 2 *Days*

Color, c d

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 43 Moores Alley

Cause of Death, First (Primary),

Second (Immediate), Asthenia,

Duration of Last Sickness, Life Time

All the above information should be furnished by the Physician.

Place of Burial, Evergreen

Date of Burial, Dec 21/85

Undertaker, Alex Hennessy

Place of Business, Orchard St. *Address,* Lawyers Row

I Thomas A Stewart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo E Brown
Sanitary Inspector

...ns as below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88478 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 21 1885 BALTIMORE MD.

74

CERTIFICATE OF DEATH.

Date of Death, December 20 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Sands

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months.* *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Union Protestant Infirmary

Cause of Death, First (Primary), Cancer of the Stomach

Second (Immediate),

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer Meth. Ep. Ch.

Date of Burial, Dec 22nd 1885

Undertaker, Henry Sheetz

Place of Business, 319 N. Pearl St. *Address,* 92 Mosher St.

C. Fawcett *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 0 8 4 7 9

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT DEC 24 1885 BALTIMORE, MD.

Permit No. 88479. *Office of Registrar of Vital Statistics* 1885 Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Dec" 21" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Wehrmann

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ~~Years,~~ ~~Months,~~ 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 91 Druid Hill Ave

Cause of Death, First (Primary),

Second (Immediate), Eclampsia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Dec 24" 1885

Undertaker, Jos" Reynolds

Place of Business,

Thos H Kemp M. D.

~~Medical Attendant.~~ Com" of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E Dunning = Inspector

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the Directions on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT DEC 21 BALTIMORE MD.

Permit No. 88480 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislaus Caneska

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} #326 S. Bond St

Cause of Death, First (Primary), Intermittent Fever

Second (Immediate),

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Orphans Limit

Date of Burial, December 22. 85

Undertaker, Enoch & Co

Place of Business, 414 S Onn St

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88481 *Office of Registrar of Vital Statistics.* DEC 21 1885 Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael A Gado

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 77 *Years,* 1 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Basket Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 yrs

Place of Death, {Give Street and Number.} 26 S. Eutaw st

Cause of Death, First (Primary), Senility two weeks

Second (Immediate), Heart

Duration of Last Sickness, 15 seconds

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 22nd 1885

Undertaker, Wm. Seewald

Place of Business, 35 S. Eutaw

J. E. Chaffee M. D.
Medical Attendant.

Address, 36 S. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

3

Permit No. 88482 *Office of Registrar of Vital Statistics.* Ward 7th

HEALTH DEPARTMENT DEC 21 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth B Harris

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 92 *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} No 239 East Fayette St

Cause of Death, First (Primary), Old age

Second (Immediate), extreme exhaustion

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Dec 22d 85

Undertaker, Chas S Ky

Place of Business, 71 W Broadway

Milton N Taylor M. D.
Medical Attendant.

Address, No 138 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1 1 4 0 3

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88183 *Office of Registrar of Vital Statistics.* Ward 6

HEALTH DEPARTMENT DEC 21 1883 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 9 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Oneall

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days*

Color, colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, Twenty yrs

Place of Death, {Give Street and Number.} 40 N. Magdelen St.

Cause of Death, First (Primary), Pleuro Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 22 83

Undertaker, Wm S Fry

Place of Business, 57 N Broadway

G. A. Lovett M. D.
Medical Attendant.

Address, 392 S. Bals. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT, DEC 21 1885, BALTIMORE, MD.

Permit No. 88484 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 19th 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Banks

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* One *Months,* ——— *Days*

Color, Col.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 1 Mo.

Place of Death, {Give Street and Number.} No. 3 Salisbury Alley

Cause of Death, First (Primary), Spasms

Second (Immediate), ———

Duration of Last Sickness, Few minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 21st/85

Undertaker, W W Madden

Place of Business, 76 East [illegible] St

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 88485 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the [illegible] of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within [illegible] hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Presentation of this Certificate.

HEALTH DEPARTMENT DEC 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 21, 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Edward Miles

~~*Sex,*~~ *Male* ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, 9 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Child

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and Number. } S. E. Cor Fremont & Germain

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) do

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet

Date of Burial, Dec 24, 1885

Undertaker, Armstrong & Kenny

Place of Business, Monument near Eutaw *Address,*

Jd Cary Jones M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...Superintendent, attention to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 7

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT DEC 21 1885 BALTIMORE, MD

Permit No. 84486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 21 ~~ated~~ 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Nouska

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color,

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fourteen years

Place of Death, {Give street and number} 6 Barnes St

Cause of Death {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, two mos

All the above information should be furnished by the Physician.

Place of Burial, H Alphanus Cem.

Date of Burial, Dec 22 1885

Undertaker, Frank E. Ezdorf & Co

Place of Business, 244 W. Lexington

Elmalle M. D.
Medical Attendant.

Address, 86 W Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT
DEC 21 1885
BALTIMORE MD.

Permit No. 88487 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, Dec 21st '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Wright

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* ~~*Months,*~~ ~~*Days*~~

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbott Co. Md.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 22 1885

Undertaker, Maryan & Paye

Place of Business, 163 Mulberry St

C. W. Mitchell M. D.
Medical Attendant

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88488 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC. 21 1885 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 21/85 6 a m

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelia J Leary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Co Maryland

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give Street and Number.} 25 N Arlington Ave

Cause of Death, First (Primary) Fracture of Skull right side fracture of right Clavicle - resulting from a fall down stairs Dec 18th 85 6 a m.

Second (Immediate) Extravasation of blood to base of brain

Duration of Last Sickness, Lived 3 days after accident

All the above information should be furnished by the Physician.

Place of Burial, Kent Co. Md

Date of Burial, Dec 22d 1885

Undertaker, Denny & Mitchell

Place of Business, 530 W Lafayette

A H Gatton M D

Wm McL Tiffany M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Transit 3986

Board of Health, City of Baltimore,

Permit No. 88489

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
DEC 21 1885
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1910

CERTIFICATE OF DEATH.

Date of Death, Dec. 20. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Eliz. Askey

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 72 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, 71 years

Place of Death, {Give street and number} 184 N. Fulton Ave

Cause of Death, First, (Primary,) Organic disease of the heart

Second, (Immediate,) Dropsy

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Dec 22 1885

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette

John J. Kemp M. D.
Medical Attendant.

Address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88490 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary Rea

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 11 *Months.* 15 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give Street and Number.} 76 George St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Dec 22nd 1885

Undertaker, Hoffman & Son

Place of Business, Park & Saratoga Address, 89 N. Greene St.

A. K. Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88491 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 22 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

H

Date of Death, Dec 22nd 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Phillips

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months.* *Days*

Color, Colored

Married, Single, Widow or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hagerstown Md

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give Street and Number.} Dont Little Sisters of Poor

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 23 1885

Undertaker, Wm Bloodsmith

Place of Business, 3 Fa E Lanvale St *Address,*

Chas Bruce Bayle *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 8 8 4 9 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certifica

Health Department, City of Baltimore.

Permit No. 88492 *Office of Registrar of Vital Statistics.* Ward 7th

HEALTH DEPARTMENT DEC 23 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Webster

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 89 *Years,* 8 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give Street and Number.} 730 N Bond St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Coma

Duration of Last Sickness, One (1) week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 23, 1885

Undertaker, Henry Heath

Place of Business, 309 N Central Ave Address, E. Day Fairfield

W. H. Glover M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 11475

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT, DEC 22 1895 BALTIMORE, MD.

Permit No. 88493 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 21 '95

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Voetzel

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 10 *Months,* 24 *Days*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 131 E. Wolfe

Cause of Death, First (Primary), Angina membranacea

Second (Immediate), Suffocation

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 22

Undertaker, Wendell Dingel

Place of Business, 157 E Baltimore *Address,* 245 E Baltimore St

J Hafrin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88494 *Office of Registrar of Vital Statistics.* Ward 2 1/1

HEALTH DEPARTMENT, DEC 22 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, December 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Williamson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days*

Color, —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 96 Eastern Avenue

Cause of Death, First (Primary), 2 Marasmus

Second (Immediate), 3

Duration of Last Sickness, abt 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Dec 22 1885

Undertaker, Jas P Byrne

Place of Business, 63 Fawn

Chas. L. Mosher M. D.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 20470

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT, DEC 22 1885 BALTIMORE MD.

Permit No. 88495 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 21st 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hoffman Gilmore.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, W.

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Broker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Maryland.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 94 Caroline St. Balto.

Cause of Death, First (Primary), Bronchial Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Westminster yard

Date of Burial, December 22nd 85

Undertaker, H H Jenkins & Sons

Place of Business, Park & Saratoga 115 *Address,*

A. Hunt Clark M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88496 *Office of Registrar of Vital Statistics.* Ward 5-11

HEALTH DEPARTMENT, DEC 22 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, December 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert King

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* One *Months,* Nine *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 59 East st.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Dec 22, 1885

Undertaker, Henry McGinnis

Place of Business, 8 N. Central Ave

E. B. Henby, M. D.
Medical Attendant.

Address, 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88497 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Dec 21 - 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Church

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 2 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 76 N. High St

Cause of Death, First (Primary), Premature birth, fortal age about six months

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 22d 1885

Lewis Miller M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 22 N. Fayette St Address, 179 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 8 8 4 9 8

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 88498 *Office of Registrar of Vital Statistics.* **Ward** 1 Et

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine P Feely

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

Age, 21 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and Number. } 212 Hudson St

Cause of Death, First (Primary), Consumption

Second (Immediate), " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Leyan Bulto. Co

Date of Burial, Dec 23/85

Undertaker W. F. Curran

Place of Business, 53 Druid Hill Ave *Address,*

J H Hart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3987 Laurel [OVER.]

No. 88499

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88499 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, DEC 22 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Emory Porter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

~~*Age,*~~ *Years,* one *Months,* Twenty one *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City 326 N. Howard St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 326 N. Howard St

Cause of Death, First (Primary), Strangulation from croup

Second (Immediate), Spasms,

Duration of Last Sickness, Four hours,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cem.

Date of Burial, Dec 22nd 85

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry St. *Address,* 225 & 227 N. Howard

H. H. Irvin *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 88500

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88500 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann F Gaskins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 170 S Sharp St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Asthenia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Virginia

Date of Burial, Dec 22d 1885

Undertaker, Amus[illegible]

Place of Business, 163 Light

H. Gaudel M. D.
Medical Attendant.

Address, 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

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No. 8 9 1 0 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89101 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January - 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Bussard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, Ne Years.

Place of Death, {Give Street and Number.} 329 N. Green St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan. 19/86

Undertaker, J. B Cook

Place of Business, 407 W. Balto St *Address,* 387 W. Lombard

A. L. Shuman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89002

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89002 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 14th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne McGee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No. 41 Robert St

Cause of Death, First (Primary),

Second (Immediate), Pneumonitis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Jan. 18/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,*

J. P. Potts M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87003 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 18 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 16. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline L Greenstreet

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1803 W Pratt

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 18

Undertaker, Joseph H Cook

Place of Business, 707 W Baltimore St

James Bosley M. D.
Medical Attendant.

Address, 329 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 89104

Office of Registrar of Vital Statistics. 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 18 1886 BALTIMORE MD.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isiah Bowser

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, 56 *Years,* nine *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } ~~Single, Widow or Widower~~

Occupation, Rail Road Engineman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Anne A Comity Maryland

Duration of Residence in the City of Baltimore, Twenty Five Years

Place of Death, { Give street and number. } No 299 McHenry Stret

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) General Atrophy

Duration of Last Sickness, Five and a Half months

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet Cemetery

Date of Burial, January 19

Undertaker, Fred'k B Cook

Place of Business, 707 W Baltimore

James Armitage M.D.,
Medical Attendant.

Address, No 14 N. Paca St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 89805 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 18 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 16 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Hamilton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Pauper.

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Alms House

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial Westminster Yard

Date of Burial, Jany 18th 1886

Undertaker, Wm J Enkins & Sons

Place of Business, Park & Saratoga St *Address,* 257 Park Ave

A H Wilson M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8906 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Kelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* — *Months.* — *Days*

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 Yrs

Place of Death, {Give Street and Number.} 12 Brentwood Ave

Cause of Death, First (Primary), Exposure

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross, Cemetery

Date of Burial, Jan 19th 1886

Undertaker, C. H. Nelson

Place of Business, 60 S. Gay

Silas M. Hunter M. D.
Medical Attendant.

Address, 36 Brentwood Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician ~~who attended~~ during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8907 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R. E. Allen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 45 N. Pulaski St

Cause of Death, First (Primary),

Second (Immediate), Consumption of Lungs

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, London Pk

Date of Burial, Jan 18th 1886

Undertaker, J. Emory Sutton

Place of Business, 550 W Fayette Address, 582 W Fayette

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1 8

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89108 *Office of Registrar of Vital Statistics.* Ward 13th

HEALTH DEPARTMENT JAN 19 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilian Stamp

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 5 yrs — *Years,* ..... *Months,* ..... *Days*

Color, Wh.

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 56 N. Henry St.

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), ...

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Jan 18th 1886

Undertaker, Henry L. Mears

Place of Business, 22 W. Fayette St

Wm. J. Lockwood M. D.
Medical Attendant.

Address, Paul and Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 8900?

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8900?

Office of Registrar of Vital Statistics

HEALTH DEPARTMENT JAN 19 1886 BALTIMORE, MD.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moriz Bernhard Meltzer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* 8 *Months,* 9 *Days*

Color, Caucasian

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 448 Cross St

Cause of Death, First (Primary), Entero Catarrh & Gastric Catarrh

Second (Immediate), Marasmus

Duration of Last Sickness, Four (4) weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Wed. 20th Jan

Undertaker, P. H. Dill

Place of Business, Columbia Ave

S. W. Stone M. D.
Medical Attendant.

Address, 108 Eutaw & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89010 *Office of Registrar of Vital Statistics* Ward 14

HEALTH DEPARTMENT JAN 19 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Lutz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 76 *Years,* ~~Months~~, ~~Days~~

Color, White

Married, ~~Single~~, ~~Widow~~, or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Musician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give Street and Number.} No 78. S. Central Ave

Cause of Death, First (Primary), (Chronic) Bronchitis

Second (Immediate),

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel cem

Date of Burial, Jan 19 1886

Undertaker, Martin Fahey

Place of Business, 128 W Fayette Street

Thomas J. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 8901 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, January 16th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albertine Lehmann

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* 8 *Months.* *Days*

Color, white

Married, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation,~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 34 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Wert Pratt str № 328

Cause of Death, First (Primary), Carcinoma uteri

Second (Immediate),

Duration of Last Sickness, 5 ½ months

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Jan 18" 1886

Undertaker, Ph. Seegerdt

Place of Business, 35 S. Eutaw

Adolph Boehm, M. D.
Medical Attendant.

119 Hanover St.
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 89012 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 17th. 1886

Full Name of Deceased, {Write legibly, and spell correctly. If an infant not named, give names of parents.} Magdalena Scheibenseif

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* —— *Months.* // *Days*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give Street and Number.} 70 Bank St.

Cause of Death, First (Primary),

Second (Immediate), Organic Disease of the Heart

Duration of Last Sickness, Two years and six months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, January 19th

Undertaker, H Lispel

Place of Business, 157 S Bond

A. H. Erich M. D.
Medical Attendant.

Address, 95 East Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Lane

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and number.} 40 Little Pleasant st

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Old age

Duration of Last Sickness, 12 years

All the above information should be furnished by the Physician.

Place of Burial Laurel Cem.

Date of Burial, Jan 19th 86.

Undertaker Wm Jas. Gray.

Place of Business, 65 Mulberry St.,

James A Steuart M. D.
Medical Attendant.

Address 93 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8901 4 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

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CERTIFICATE OF DEATH.

Date of Death, Jany. 17 — "86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Adams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days*

Color, Colored

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} ✓

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 55 yrs.

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), —

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Jan 19th 86

Undertaker, Wm. Jas. Gray

Place of Business, 65 Mulberry

Alexander Hill M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8901 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 17th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie M. Reth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 171 S. Wolf St.

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 19 1886

Undertaker, H. Sander & Son

Place of Business, 252 Central Ave

John H. Rehberger M. D.
Medical Attendant.

Address, # 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 89016 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie A. Byrne

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk in a Store

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 106 Neighbor a.

Cause of Death, {First (Primary), ...

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Germantown R. Cem.

Date of Burial, Jan 18th 1886

Undertaker, Lee P Byrne

Place of Business, Front st *Address,* .....

Jno. Burke Boyle M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases, etc.

Board of Health, City of Baltimore,

Permit No. 89017

Office of Registrar of Vital Statistics.

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, JAN 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 16 Jany 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Cannack

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, Mulatto

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 202 Chestnut St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Jan 19th 1886

Undertaker, Wm H Dunges

Place of Business, 62 East St

Helen A Cushman M.D.,

Medical Attendant.

Address, 119 N Chas

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 8918 *Office of Registrar of Vital Statistics.* Ward 6

HEALTH DEPARTMENT JAN 19 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 14 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Stanley

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 18 *Years,* *Months,* *Days*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 303 N. Chapel Street

Cause of Death, First (Primary), Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, Jan: 19th 1886

Undertaker, Wm. H. Burgee

Place of Business, 62 East st

C. F. Martenet M. D.
Medical Attendant.

Address, Blair avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 89019 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the delivery of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
JAN 18 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 17, '86.

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Dixon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months.* *Days,*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace. {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 103 Sarah Ann

Cause of Death. First (Primary), Pneumonia

Second (Immediate), Pulmonary Obstruction

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Stark, St. cemetery

Date of Burial, Jan 19th 1886

Undertaker Wm H Burgee

Place of Business, 62 East, St

Henry Chandlee M. D.
Medical Attendant.

Address, 181 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 89029 *Office of Registrar of Vital Statistics.* 19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 4 Parish alley

Cause of Death, First, (Primary.) Malarial Fever

Second, (Immediate.) Convulsions

Duration of Last Sickness, about three Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, Jan 19th 1886

Undertaker, Wm A Dunigan

Place of Business, 62 East St

Julius Hall M.D.,
Medical Attendant.

Address, 320 N. Mount St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 8902 / *Office of Registrar of Vital Statistics.* Ward 6 9

HEALTH DEPARTMENT JAN 18 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

8

CERTIFICATE OF DEATH.

Date of Death, January 17, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Gilmore Conoway

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 5 *Months,* 5 *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} N Washington St. near Gay Street

Cause of Death, { First (Primary), /
Second (Immediate), Phthisis Pulmonalis.

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Mt. Ev. Cemetery Philad Road

Date of Burial, January 20th 1886 J. F. Mantente M. D.

{ *Undertaker,* Denny & Mitchell
Place of Business, 66 S Broadway Address, Medical Attendant. Belair Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore.

Permit No. 89422 *Office of Registrar of Vital Statistics.* Ward 8 cl

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, January 16th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie E. White

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 28. *Years,* *Months,* *Days,*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 237 St Paul St

Cause of Death, First (Primary), General debility

Second (Immediate), Fibulous of heart Failure of Heart action

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Ennmount Cem

Date of Burial Jan 20th 1886

Undertaker Kellett & Son

Place of Business, Park & Saratoga St *Address,*

F. T. Miles *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 89023 *Office of Registrar of Vital Statistics.* Ward 19th

HEALTH DEPARTMENT JAN. 19 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 18 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Brennan Tatum

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* 4 *Months,* *Days*

Color,

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 80 Franklin

Cause of Death, First (Primary), Paralysis Heart

Second (Immediate),

Duration of Last Sickness, 30 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Gr E Emmanuel

Date of Burial, Jan 20th 1886

Undertaker, Newton Snyder

Place of Business, Park & Saratoga

J H Latimer M. D.
Medical Attendant.

Address, 27 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 8902 4 *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT JAN 19 1886 BALTIMORE, MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Zimmerman.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days*

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} Balto. Upon day time.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate),

Duration of Last Sickness, 2 Mo.

All the above information should be furnished by the Physician.

Place of Burial, Zion Church

Date of Burial, Jan 20th 1886

Undertaker, Henry Ericson & Son

Place of Business, Park & Laraby

Jas. G. Wiltshire, M. D.
Medical Attendant.

Address, Fayette & Pacca.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89025 *Office of Registrar of Vital Statistics.* Ward 6 C.E.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 16th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelan Bradley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months,* 4 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 18 Horn St.

Cause of Death, First (Primary), Abscess of Rectum

~~Second (Immediate), Exhaustion from inability to evacuate~~ (Operated & found to rectum)

~~*Duration of Last Sickness,*~~

All the above information should be furnished by the Physician.

Place of Burial, Cockeysville Balto Co Md

Date of Burial, Jan 19 - 1886

Undertaker, W. T. Maddux

Place of Business, 46 East Pleasant

Thos J Simms M. D.
Medical Attendant.

Address, 242 N Bond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4011/2 Fremont

[over.]

Health Department, City of Baltimore.

Permit No. 89026 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CLERK REGISTRAR
JAN 19 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 17. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Davids Andrews

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 51 *Years,* *Months,* *Days*

Color, white

Married, ~~Single,~~ Widow or ~~Widower,~~ {Cross out the words not required in this line.} widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N. York State

Duration of Residence in the City of Baltimore, On a visit (2 weeks)

Place of Death, {Give Street and Number.} 399 Park Ave

Cause of Death, First (Primary), Epileptiform Convulsion

Second (Immediate), Coma

Duration of Last Sickness, 26 hours

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, January 19th 1886

W. F. Atkinson M. D.
Medical Attendant.

Undertaker,

Place of Business,

Address, 55 N Gruney St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 8904 *Office of Registrar of Vital Statistics* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bausemer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 365 Madison Ave

Cause of Death, First (Primary), Valvular Disease of Heart

Second (Immediate), Hypertrophy of Liver & Spleen & Albuminuria

Duration of Last Sickness, About 14 Months

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Loudon Park Jan 19/86

Undertaker,

Place of Business,

Medical Attendants: Elias C. Price M.D. & Jas Lloyd Martin M. D.

Address, 262 Mad Ave 38 Mt Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 89028 *Office of Registrar of Vital Statistics.* Ward 12 4

HEALTH DEPARTMENT JAN 19 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Janry 18. 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriet Franklin Sanders

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 5 *Years,* 8 *Months,* *Days,*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 147 N Gilmor St

Cause of Death, First (Primary), Deformity Chiel- Hip Joint Disease (Right Hip)

Second (Immediate), Tuberculor Meningitis

Duration of Last Sickness, about a fortnight

the above information should be furnished by the Physician.

Place of Burial, Green Mt Cy

Date of Burial, Janry 21st 1886

Christopher Johnston M. D.
Medical Attendant.

Undertaker

Place of Business, *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 89029 *Office of Registrar of Vital Statistics.* Ward 11

HEALTH DEPARTMENT JAN 19 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan: 17th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kräger

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 62 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give Street and Number.} 159 W. Exeter St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Jan 19 1886

Undertaker, Henry Hoerle

Place of Business, 309 N Central Av *Address,* Cathedral St

H. Gundlach M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

HEALTH DEPARTMENT JAN 19 1886

Permit No. 89030 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 19/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Minnick

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* two *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 57 Clay St.

Duration of Residence in the City of Baltimore, two days

Place of Death, {Give Street and Number.} 57 Clay St.

Cause of Death, First (Primary), Inanition

Second (Immediate), Physical Debility.

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Great Home

Date of Burial, Jan 19/86

Undertaker J. F. Burns - Liberty St

Place of Business, ~~17 E. Saratoga~~ *Address,* 119 W Mulberry

W. P. Newman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 8903 / *Office of Registrar of Vital Statistics.* Ward 4

HEALTH DEPARTMENT JAN 19 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 18—1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustuna Rodecufa

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days*

Color, Wht.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, About 4 years

Place of Death, {Give Street and Number.} No. 22 S. Front St.

Cause of Death, First (Primary), Puerperal peritonitis

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cem

Date of Burial, Jan 19 1886

Undertaker, Evans & Spence

Place of Business, No E. Baltimore St *Address,* Coroner's Ent. List

Alexander Hill, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 89032 *Office of Registrar of Vital Statistics.* Ward 6

HEALTH DEPARTMENT JAN 19 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William E Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 6 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Widow~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 7 Bohemian Court

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, ~~Jany 19 1886~~

Undertaker, Charles D. Butler

Place of Business, 132 Carline Ave

D W Cathell M. D.
Medical Attendant.

Address, 2 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 89033 *Office of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT JAN 10 1936 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18, 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Mulligan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} #5 Exeter Court

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 5 Exeter Court.

Cause of Death, First (Primary), Convulsions

Second (Immediate), " "

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 19th

Undertaker, H. C. Windefeld

Place of Business, 90 Gruntz

J. H. Rohrer M. D.
Medical Attendant.

Address, 95 Gruntz Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to Lists of Diseases on

Health Department, City of Baltimore.

Permit No. 89034 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT JAN 19 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, January 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Kneeland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 22 *Months,* — *Days*

Color, Brown & Red

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Mer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 261 W. Dennigh

Cause of Death, First (Primary), Convulsions

Second (Immediate), " to see but-prescribed for

Duration of Last Sickness, Six hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 18th 1886

Undertaker, P J Fecks

Place of Business, #73 Jefferson

Eugene Wisner M. D.
Medical Attendant.

Address, 116 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back [illegible]

Health Department, City of Baltimore.

Permit No. 89035 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT JAN 19 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Frazier Wheeler Corbitt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [illegible] *Years,* 2 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} [illegible]

Occupation, [illegible]

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 7 Wilkens St

Cause of Death, First (Primary), Inanition

Second (Immediate), Sudden death

Duration of Last Sickness, about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Jan 20. 1886.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St *Address,* 238 E. Monument

Jno. McNorman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 89036 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Ireland

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Nearly all his life

Place of Death, {Give Street and Number.} 146 St. Paul St.

Cause of Death, First (Primary), Disease of Heart: Obstruction; and Emphysema of Lungs

Second (Immediate), Heart Failure

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 20th 1886

Undertaker, H. W. JENKINS & SONS UNDERTAKERS

Place of Business, Park & Saratoga Sts.

S. G. Chew M. D.

Medical Attendant.

Address, 141 W. Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 89037 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate

HEALTH DEPARTMENT JAN 19 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Achtelstetter.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 480 Penna. Ave.

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), Exhaustion,

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, January 20

Undertaker, Walter Immel

Place of Business, 315 W. Biddle *Address,*

F. Rickert, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 89038 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 18th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Pickering

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Retired

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Alexandria Virginia,

Duration of Residence in the City of Baltimore, Forty Seven years

Place of Death, {Give Street and Number.} 98 E. Ann St.

Cause of Death, First (Primary),

Second (Immediate), Bronchitis

Duration of Last Sickness, Seven Months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jany 20" 86

Undertaker, W. O. Kaiper

Place of Business, 1428 Broadway

Nicholas L. Bashuell, M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 89039

Office of Registrar of Vital Statistics, Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 19 1886, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 18. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizt. Baker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* 6 Lite *Days*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} North Carolina.

Duration of Residence in the City of Baltimore, 14 Years.

Place of Death, {Give Street and Number.} 138 Pennsylvania Av.

Cause of Death, First (Primary), Dropsy -

Second (Immediate), 4 mos

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 20th 1886

Undertaker, J. M. Lemmon & Son

Place of Business, 742 W. Balto

D. W. Hoke M. D.
Medical Attendant.

Address, 75 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 89049 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THE PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 19 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, 19 Days

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ~~Child~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always Lived

Place of Death, {Give Street and Number.} 210 Dover St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 20 1889

Undertaker, H. Ross

Place of Business, 95 Con Way St

O. A. Nolan M. D.
Medical Attendant.

Address, 802 W Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 8704 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 19. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie E. Scott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* ..... 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give Street and Number.} 118 S. Paca St.

Cause of Death, First (Primary), Acute Hydrocephalus

Second (Immediate), Compression of Brain

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Dunford Co. Md.

Date of Burial, Jan. 20. 1886

Undertaker, Stewart & Thomas

Place of Business, Park & Clay St.

J. H. Scott M. D.
Medical Attendant.

Address, Chas. & Centre

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4013 Transit

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 89042 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT JAN 20 1886 BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, January 18 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Stockman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Saloon

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give Street and Number.} 199 Bostic St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, January 20. 1886

Undertaker, H Bandow Jun

Place of Business, 252 Canton Ave

James E Neville M. D.
Medical Attendant.

Address, 199 E Bath St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 870 43 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Lizzie & Harry Doll

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, ~~——~~ *Years,* ~~——~~ *Months,* 12 *Days*

Color, White

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 120 Wilhelm St

Cause of Death, {First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 20th 1886

{*Undertaker,* Henry Doll

Place of Business, 120 Wilhelm St *Address,* Same

Jas A Steuart M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

W. C. Roberts Sant. Inspector

Board of Health, City of Baltimore.

Permit No. 8904 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. JAN 29 1886

B

CERTIFICATE OF DEATH.

Date of Death, Jan ~~Dec~~ 18 1886

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Pearl Harburger

Sex, Male or Female. {Cross out the word not required in this line.} female

Age, 7 5 *Years,* 4 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation house keeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty four years

Place of Death, {Give street and Number.} 109 N Exeter

Cause of Death, First (Primary), heart disease, chronic bronchitis

Second (Immediate), paralysis of the heart

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Ohel Shalom cemetery

Date of Burial, January 20 A Friedenwald M. D.

Medical Attendant.

Undertaker Jacob Threes

Place of Business, 28 High *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 89045 *Office of Registrar of Vital Statistics.* 1886 Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Deffner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} A & C. Hospital

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Pharyngitis, Laryngitis and Atteni'd

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Jan. 20

Undertaker, C. H. Blizzard

Place of Business, 201 Penna Ave

T. A. Ashby M. D.
Medical Attendant.

Address, 318 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89146 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1886

14

CERTIFICATE OF DEATH.

Date of Death, Jany 18. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dietrich

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 1½ *Months,* ____ *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} N & C. H.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Cachexia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudenslark~~

Date of Burial, Jan 20

Undertaker, C. W. Blizzard

Place of Business, 201 Pennsa

T. A. Ashby M. D.
Medical Attendant.

Address, 318 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 19, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Reese

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 69 *Years,* *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ~~None~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Frederick Co., Md.

Duration of Residence in the City of Baltimore, about 9 months

Place of Death, {Give street and number.} 211 Lemale St

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Age & Debility

Duration of Last Sickness, About nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Lanswood Md.

Date of Burial, Jan 24

Undertaker, C. O. Blizzard

Place of Business, 201 E. Lemon

W. H. White, *M.D.*
Medical Attendant.

Address, 363 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

401 Frances St

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Necessity of Correctly and Legibly Filling Out Certificates of Deaths

Health Department, City of Baltimore.

Permit No. 89048 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Green

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 20 Dallas St.

Cause of Death, First (Primary),

Second (Immediate), Bronchitis

Duration of Last Sickness, 12 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Jan 20 1886

Undertaker, S. Mahan

Place of Business 198 Aisquith *Address,* 262 Sharp St

L. M. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the following

Health Department, City of Baltimore.

Permit No. 89049 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT JAN 20 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 19 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Lowry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* — *Days* 1

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 1 N. Baltimore St

Cause of Death, First (Primary), Early birth 8 months

Second (Immediate), Cause not known

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 20th 1886

Undertaker, Henry H. Mears

Place of Business, 22 N. Fayette St. *Address,* 22 N Fayette St

Patterson M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 89150 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James & Anne Rourke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 1 E Pontin St

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 1 E Pontin St

Cause of Death, First (Primary), Pneumonia birth (6 mo)

Second (Immediate), ...

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Jan 20 1886

Undertaker, Wm Cadogan

Place of Business, 127 Mulberry

Wm B. Billingsley M. D.
Medical Attendant.

Address, 228 E. Pontin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases o

Health Department, City of Baltimore.

Permit No. 89051 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan 19 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dr Wm H. Saunderlands

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, White

~~*Married, Single, Widow*~~ or *Widower,* {Cross out the words not required in this line.}

Occupation, Physician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give Street and Number.} 54 Conway st

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 5 Yrs

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Jany 21st 1886

Undertaker, Denny and Riddell

Place of Business, 550 W Lafayette St

by Thos A Cotton M. D.
Medical Attendant.

Address, 146 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89052 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 20. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel Riddick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 18 Mos

Place of Death, {Give Street and Number.} 73 Lemmon St

Cause of Death, First (Primary), Malarial Fever

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 22/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 3 [illegible]

James Bailey *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89053 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 19 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Lunigan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 39 years —

Place of Death, {Give Street and Number.} 144 Edmondson ave

Cause of Death, First (Primary), Epilepsy

Second (Immediate),

Duration of Last Sickness, 4 years —

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 21/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Edw F. Michael M. D.
Medical Attendant.

Address, 283 N. Linden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 89057 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 20 1886
BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Cath. Rudolph

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* 7 *Months,* 29 *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany, 14 years

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 52 Saratoga St.

Cause of Death, First (Primary), Carcinoma Gastricis

Second (Immediate), Hemorrhage

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Schwartz Cem. Eastern Ave

Date of Burial, Jan 20/86

Undertaker, J. B. Cook

Place of Business, 704 W. Balto. *Address,* 1700 S. Sharp St

Dr H. Gombel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 89153 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine McCormack

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 535 Hollins st

Cause of Death, First (Primary), Inanition

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Jan 19/86

Undertaker, J. B. Cook

Place of Business, 107 W. Balto St.

F. F. Benson M. D.
Medical Attendant.

Address, 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 89056 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reuben Dean Barnes

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 11 *Years,* 11 *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 318 Canton Avenue

Cause of Death, First (Primary), Indigestion

Second (Immediate), Convulsions

Duration of Last Sickness, Three hours

All the above information should be furnished by the Physician.

Place of Burial, Methodist etn. Rhule R.

Date of Burial, January 20th

Undertaker, W Lippel

Place of Business, 151 S Bond st *Address,* 207 S Broadway

Nicholas L. Dashiell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 89057 *Office of Registrar of Vital Statistics.* Ward 10

HEALTH DEPARTMENT JAN 20 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Mazzon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 127 Hudson St

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, January 20th

Undertaker, H. Leppel

Place of Business, 151 S Bond St

E. Jr. Cummings M. D.
Medical Attendant.

Address, 53 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Health Department, City of Baltimore.

Permit No. 89058

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1886 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, January 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Evans

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} —

Occupation, Roller

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give Street and Number.} 1385 Paca St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 21 1886

Undertaker, John S Hearn

Place of Business, No 150 Cemetery

F West M. D.
Medical Attendant.

Address, 209 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT, JAN. 20 1886, BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant, of Alice Wheeler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 3 hrs ~~*Days.*~~

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Maternité, 161, N. Lombard St.

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) ———

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Reserved for

Date of Burial, Anatomical purposes.

Undertaker, ———

Place of Business, ———

William S. Gardner, M. D.
Medical Attendant.

Address Maternité Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Rules on ... of Births and Deaths.

Health Department, City of Baltimore.

Permit No. 89060 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Charles

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 3 *Years,* 8 *Months,* 2 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lobster

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charleston S. C.

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give Street and Number.} 1 Bank St.

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 21, 1886.

Undertaker, Henry McGinnis

Place of Business, 58 N. Central Ave. *Address,* 88 E Balto St

A. Hirschberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 87061 *Office of Registrar of Vital Statistics.* 1886 Ward 17

HEALTH DEPT. JAN 20 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Chambers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* 8 *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} N. E. Cor Sharp & Lee sts

Cause of Death, First (Primary), Dysentery

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Jan 21st 1886

Undertaker, Julius Kaehler

Place of Business, Sharp & Lee sts. *Address,* 151 Hanover st

J. C. Bunch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This C...

Health Department, City of Baltimore.

Permit No. 89062 *Office of Registrar of Vital Statistics.* Ward 20 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BRANCH
JAN 20 1886
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Charles Moss.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* ... *Months,* ... *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} London, England

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give Street and Number.} 458 N. Carey St

Cause of Death, First (Primary), acute Nephritis (Nephritis)

Second (Immediate), exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan. 22d 1886

Undertaker, Wm. Weaver

Place of Business, 202 Eutaw St. *Address,* ...

H. Rickert *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8963 *Office of Registrar of Vital Statistics.* Ward 6 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT.
JAN 20 18[illegible]
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1886

Full Name of Deceased, {Writes legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mennie

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 19 yrs —

Place of Death, {Give Street and Number.} N. W. Cor. Fayette & Castle Sts.

Cause of Death, First (Primary), Unavoidable Hemorrhage Placenta praevia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Most Holy Redeemer

Date of Burial, Jan 21 1886

Undertaker, Frank Enoch

Place of Business, 249 N Durham St

I saw her a few hours before death was called to help her.

E. F. Bruns M. D.

Medical Attendant.

Address, 375 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 89064 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 20 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan. 18/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret M. Handfield.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* —— *Months.* —— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia - Penna,

Duration of Residence in the City of Baltimore, 5 Years and 4 months

Place of Death, {Give Street and Number.} 122 E. Pratt St.

Cause of Death, First (Primary), Remittent Fever - Chronic malaria.

Second (Immediate), Leukocythemia.

Duration of Last Sickness, 4 years.

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, Jan 21st 1886

Undertaker, Henry H. Mears

Place of Business, 22 N. Fayette St

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. & Calhoun st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4017 Fraser

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Kaumm

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 595 Harford Ave.

Cause of Death, First (Primary,) Convulsion

Second (Immediate,) "

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. A. G. Statson M. D.

Date of Burial, Jan. 20th 1886. Medical Attendant.

Undertaker, Adam Finkelson

Place of Business, 1161 W. Gay St. *Address* 222 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 89066 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 20 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan. 17, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} child of W. H. & Harriet Roberts

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 1 *Day*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 4 Gilbert St., Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 4 Gilbert St.

Cause of Death, First (Primary), ...

Second (Immediate), Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Leonel Cemetery

Date of Burial, Jan 21 1886

Undertaker, William V Dorsey

Place of Business, 62 East St

J Edw. Janney M. D.
Medical Attendant.

Address, 242 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 89067

Office of Registrar of Vital Statistics.

Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

D

Date of Death, 12 o Clock Monday Night Jan 18th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Garrett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 83 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md.

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give Street and Number.} 31 Forest Place

Cause of Death, First (Primary), Paralysis (Hemiplegia)

Second (Immediate), Exhaustion

Duration of Last Sickness, 11 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Parkton Balto Co. N.C.R.R.

Date of Burial, Jan 21 1886

Undertaker, Wm H Hickman

Place of Business, 234 N. Gay St. *Address,* Chas St & Forest Place

Wilmer Brinton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 89068 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 20 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Mary C Thomas

~~Sex~~, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 23 *Days*

Color, Colored

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 314 Vincent Alley

Cause of Death, First (Primary),

Second (Immediate), Malaria Fever

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Jan 22d 1886

Undertaker, W N Dungee

Place of Business, East St

Geo A Steiner M. D.

~~Medical Attendant~~

Address, Cor Mt & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

J McRoberts Sanit Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 89069 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT JAN 20 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucretia Scott

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 6 *Months,* ~~—~~ *Days*

Color, Colored

~~Married~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 23 Booth St

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Croup

Duration of Last Sickness, 20 Days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 22d 86 Thos A Steuart M. D.

Undertaker, W H Lodge ~~Resident Attendant~~

Place of Business, East St. *Address,* Thos A Steuart

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. E. Roberts San. Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 89070 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Anderson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 2. Ohio Ave

Cause of Death, {First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W Pat Cem

Date of Burial, Jan 20th 1886

Undertaker, H M Kirchner

Place of Business, Lemmon & C *Address,*

Thos A Smith M. D.

Medical Witness

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

M E Roberts Asst Inspector

Health Department, City of Baltimore.

Permit No. 8907 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Leitch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 9 *Months,* 16 *Days*

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 64 Edmondson ave

Cause of Death, First (Primary), Tonsillitis

Second (Immediate), Cerebral Congestion

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 22d 1886

Undertaker, Henry F. Means

Place of Business, 22 N. Fayette St *Address,* 47 Edmondson ave

Jas. E. Gilbourne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 89072 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPART... JAN 21 18...

Date of Death, Jan 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Stinchcelfield

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Phila Rd near Patterson St

Cause of Death, First (Primary), Bilious Colic

Second (Immediate), Spasms

Duration of Last Sickness, 1

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 21 1886

Undertaker, John Herring

Place of Business, 382 Orleans St *Address,*

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Necessity of Prompt Returns

Health Department, City of Baltimore.

Permit No. 89073 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, January 20 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza R. Case

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* 3 *Months,* 20 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, At service

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, 7½ yrs.

Place of Death, {Give Street and Number.} 69 Boyd St.

Cause of Death, First (Primary), Abdominal tumor probably uterine fibroid

Second (Immediate), General Anaemia.

Duration of Last Sickness, 3 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan. 22/86

Undertaker, J. B. Cook

Place of Business, 707 W Balto St

Spencer H. Thee M. D.
Medical Attendant.

Address, 460 Eutaw Place.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Above Rules, and to Use of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 89074 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. H. Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 41 *Years,* 6 *Months,* 13 *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give Street and Number.} 22 N Randall St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, January 21

Undertaker, B. Clark

Place of Business, 62 West St

Thomas Cook M. D.
Medical Attendant.

Address, 1109 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over]

Board of Health, City of Baltimore.

Permit No. 89075 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... JAN 21 18... BALTIMORE...

CERTIFICATE OF DEATH.

Date of Death, January 20th, 1886

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Ford

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months.* ..... *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and Number.} 19 Little Pine St.

Cause of Death. First (Primary), by teething & Malaria

Second (Immediate), Convulsions Supervened

Duration of Last Sickness, about a week,

All the above information should be furnished by the Physician.

Place of Burial, Thanksgiving Cemetery

Date of Burial, Jan 22. 86

Undertaker, Capt Hannaby

Place of Business, Marshall *Address,* 152½ N. Eutaw St.

J. Ginglings M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Report below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 89076 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jairus Braun

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 35 Hackert st.

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 21 / 86

Undertaker, Daniel Flynn

Place of Business, 109 West St

P. L. Dawson, M. D.
Medical Attendant.

Address, 335 E. Balto st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ne Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 89077 *Office of Registrar of Vital Statistics.* Ward 9 V

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT JAN 21 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jany 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mother Mary Cecilia Smith (Mary Francis Smith Worldly name)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, About 62 *Years,* ~~—~~ *Months,* ~~—~~ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Manchester England

Duration of Residence in the City of Baltimore, 3½ years

Place of Death, {Give street and Number.} 57 St Paul St

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, Bonn Brae

Date of Burial, Jany 22/86

Thos J. Ward M. D.
Medical Attendant.

Undertaker Foley B. Boyce & Morgan

Place of Business, 9 Mulberry St *Address,* 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 89078 *Office of Registrar of Vital Statistics.* Ward 10 4/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 18[illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Warner Bramley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 166 Pearl st

Cause of Death, First (Primary), Catarrhal Pneumonitis

Second (Immediate), Exhaustion.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jan 22/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,*

W Rickert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 89079 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 21 1886 BALTIMORE, MD.

Date of Death, Jany. 20. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Hissey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days*

Color, whit

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 36 Roberts st

Cause of Death, First (Primary), consumption

Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Jan 23/86

Date of Burial, Baltimore Cem.

Undertaker, Chas. T. Scruin

Place of Business, 27 W. Eutaw *Address,* 219 Madison ave

G Lane Tanyhill *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 89089 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible], if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 21 18[illegible] BALTIMORE

Date of Death, Jan 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Kelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} No 266 Chestnut St Belleville

Cause of Death, First (Primary), Exposure

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jany 21st 1886

Undertaker, Evans & Spencer

Place of Business, 60 E Baltimore St *Address,* Exeter St

O. L. Mahon M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 8908 1 *Office of Registrar of Vital Statistics.* Ward 1 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1886

Full Name of Deceased {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Riedel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give Street and Number.} No. 401 Aliceanna St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan. 22nd 86

Undertaker, G. France

Place of Business, Bank & Wolfe St *Address,* ...

...M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 21 18[illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm S. Summers

Sex, Male or Female, {Cross out the word not required in this line.} Male Summers

Age, 86 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 66 years

Place of Death, {Give street and number.} # 196 Hanover av

Cause of Death, {First (Primary,) Senile Gastritis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 23rd 1886

Undertaker, Armstrong Jenny

Place of Business, 248 Light

Sam J Bell M. D.
Medical Attendant.

Address 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 89083 *Office of Registrar of Vital Statistics.* Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 19th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Hinton a

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* 10 *Months,* ✓ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Mechanic (Stove Dealer)

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 14 years —

Place of Death, {Give Street and Number.} 86 Holland St —

Cause of Death, First (Primary), Interstitial Nephritis

Second (Immediate), Apnoea

Duration of Last Sickness, 18 days —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 22nd/86

Undertaker, Geo Schilling

Place of Business, Holland Lyman

D. Hunt M.D.
Medical Attendant.

Address, 148 N. Eden —

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ...

Health Department, City of Baltimore.

Permit No. 89084 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 21 18[illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. King

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 59 *Years,* ~~Months~~, *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, (None)

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 212 North Fulton Ave

Cause of Death, First (Primary), Bronchitis (Chronic)

Second (Immediate), Hemorrhage (from the Lung)

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Janry 22nd 1886

Undertaker, M. A Darger

Place of Business, 74 S. Bway

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 89085 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... JAN 21 ... BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21 st. January 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Dan L. Murrays Infant.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seven Hours ~~Years,~~ ~~Months.~~ Days.

Color, White

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 36. Courtland.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 36 Courtland St. Balto.

Cause of Death, First (Primary), Only Seventh Month of Foetal life.

Second (Immediate), Convulsions —

Duration of Last Sickness, Seven Hours.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Jan 21st 1886

Undertaker, Henry L. Mears

Place of Business, 22 N. Fayette St. Address, 47. Franklin St.

W C. VanBibber M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 21 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Mc. Tarley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 50 Years

Place of Death, {Give street and number} " 132 Hanford Av.

Cause of Death, First, (Primary,) Paralysis, Hemiplegia

Second, (Immediate,) General Debility result of old age

Duration of last Sickness, about 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 22d

John McLennan M. D.
Medical Attendant.

Undertaker, M. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* 244 E. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JAN 22 1886 BALTIMORE

Permit No. 89087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, January 20, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth W. Adams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* 6 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 115 N. Shrouden St

Cause of Death, First (Primary,) Pulmonary consumption

Second (Immediate,) Exhaustion & inability to take

Duration of Last Sickness, exercise. Do not Know

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park. W. T. Howard M. D.

Date of Burial, Jan 22/86 Medical Attendant.

Undertaker, J. B. Cook *Address* 181 Mad. Ave

Place of Business, 707 W. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 89088 *Office of Registrar of Vital Statistics* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 19 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Grim

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Cirrhosis Liver

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 wks

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, Jan 22nd/86

Undertaker, Wm. A. Sisson

Place of Business, Health Office

E Van Horn M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 89089 *Office of Registrar of Vital Statistics.* Ward 6 D F

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 22 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 21 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George C Collins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 13 *Years,* 5 *Months.* 28 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give Street and Number.} 54 S. Caroline st

Cause of Death, First (Primary), Bright's disease

Second (Immediate), Exhaustion

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, January 23rd 1886

Undertaker, Fred Gaede

Place of Business 29 S. Caroline ~~Address~~, 12 S Eden

L C Whitemarsh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 89090 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Osterloh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 56 Green Mount Ave.,

Cause of Death, First (Primary), Membranous Croup.

Second (Immediate),

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 23

Undertaker, H. C. Wiedefeld

Place of Business, 60 Greenmt Ave

D W Cathell M. D.
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 89091 *Office of Registrar of Vital Statistics.* Ward 15-0

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 20 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Frances Laura Virginia Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, Black

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, 1 6

Place of Death, {Give Street and Number.} 11 Kindall's Ct

Cause of Death, First (Primary), Phthisis

Second (Immediate), Apnoea

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jany 21 86

Undertaker, Geo H Perkins

Place of Business, 224 Hamburg St

R. H. Ellis M. D.
Medical Attendant.

Address, 316 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 89092 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 21. 86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene A Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 6 *Months,* ~~Days~~

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 7 Greenwillow Entrits

Cause of Death, First (Primary), ~~

Second (Immediate), ~~

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Hope

Date of Burial, Jan 23/88

Undertaker, Alex Hemsley

Place of Business, 116 Archer Pl *Address,* 855 N Greene

W. G. A. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 89093 *Office of Registrar of Vital Statistics.* Ward 8 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 21, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schlang

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, — *Years,* Two *Months,* — *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} No. 416 Harford avenue.

Cause of Death, First (Primary), —

Second (Immediate), Pneumonia.

Duration of Last Sickness, About one week.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemtr

Date of Burial, Jan 22 1886

Undertaker, Henry Hoerth

Place of Business, 309 N Central ave

Rue. R. Elwell, M. D.
Medical Attendant.

Address, 533 Harford ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of th...

Health Department, City of Baltimore.

Permit No. 8909 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1886 BOARD ROOM

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Craig.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* 5-wks- *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Blacksmith,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Illinois,

Duration of Residence in the City of Baltimore, Life residence.

Place of Death, {Give Street and Number.} 304 Franklin St.

Cause of Death, {First (Primary),} {Second (Immediate), Gun-shot wound of the Knee (accidental)}

Duration of Last Sickness, Seven (7) weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Jan 23d 1886

Undertaker, F. Louis Schaefe

Place of Business, 109 Fremont *Address,* 112 N. Greene St

Louis W. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 89095

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 20 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Owens Rose Carroll

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, Blk

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 63. Park st

Cause of Death, First, (Primary.) Croup

Second, (Immediate.)

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 22 nd 1886

Undertaker, J J Locks

Place of Business, 473 Jefferson st

Archa Atkinson M.D.,
Medical Attendant.

Address, 119 N. Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 8706 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Lowry

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 16 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 700 So Charles St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), "

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 22nd 1886

Undertaker, Jos F Byrne

Place of Business, 59 N. Liberty St

Chas. A. Bell M. D.
Medical Attendant.

Address, 161 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 8707

Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtainld without a Proper Certificate.

HEALTH DEPT. JAN 22 1886 BALTIMORE

CERTIFICATE OF DEATH.

B

Date of Death, Juny 21. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Maria Cornish

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 31 Years, Months, Days

Color, Col

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co - Md

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give Street and Number.} 125 N. Regester St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Jan - 24 - 1886

Undertaker, Wm. H. Bunger

Place of Business, 62 East St

Address, 137 Orleans

J. J. Chisholm, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the

Health Department, City of Baltimore.

Permit No. 89098 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 22 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 19 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Isaac Lawrence Linn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months.* *Days* 1

Color, ~~ed~~

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Drayman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 78 Holland 21

Cause of Death, First (Primary), Rheumatism Heart disease

Second (Immediate), Dropsy

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, Jan 22 1886

Undertaker, Wm. P. Jungle

Place of Business, 62 East Lt.

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this.

Health Department, City of Baltimore.

Permit No. 89099 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 4 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. O'Neal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 157 S. Pace

Cause of Death, First (Primary), Erysipelas

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 23rd 86

Undertaker, C. F. Krauser & Son

Place of Business, 209 Hanover

Chas F. Mühlstand M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 89104 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 22d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwig Hahn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 84 *Years,* — *Months,* — *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give Street and Number.} 32 Fidelity st

Cause of Death, First (Primary), Old Age

Second (Immediate), Apoplexy

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jan. 24th 1886 C. L. Eddelbüttel M. D.

Medical Attendant.

Undertaker, A. H. Seewald

Place of Business, 35 S. Eutaw St *Address,* 166 N. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 89101 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if undertaker, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JAN 9 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 21 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Briscoe

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} No. 3 Hargrove Alley

Cause of Death, First (Primary), Epilepsy

Second (Immediate), Hemorrhage caused by rupture of a blood vessel in the Chest.

Duration of Last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jany 23/86

Undertaker, Wm J Sisson

Place of Business, Light-Equity

Alexander Hill M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 89102 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Jan. 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Schirmpf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brick-Layer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give Street and Number.} # 68 Lancaster St.,

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Jan. 24th 1886 John H. Rehberger M. D.

Undertaker, H. Saunders & Son Medical Attendant.

Place of Business, 252 Canton Ave Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

(98)

Permit No. 89103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin R Looney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 604 Cole St

Cause of Death, First (Primary,) Asthma & Chronic Bronchitis

Second (Immediate,) Pulmonary Effusion,

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Wm S H Larkin M. D.

Date of Burial, Jan. 23rd 86 Medical Attendant.

Undertaker, W. Caddigan Address No 215 W Pratt St

Place of Business, 227 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over

Health Department, City of Baltimore.

Permit No. 89104 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
JAN 23 18
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22nd. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Geraghty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Ship Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 78 Block Street

Cause of Death, First (Primary),

Second (Immediate), Phthisis Laryngea

Duration of Last Sickness, About 5 Month.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 25th 1886

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 207 S Broadway

N. L. Dashiell, Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT JAN 23 1886 REGISTRAR'S OFFICE

Permit No. 8710 — *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma A McKay (McKay)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ky

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give Street and Number.} 2 Albemarle St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 24th 1886

Geo. C. Reynolds M. D.
Medical Attendant.

Undertaker, Evans & Spence

Place of Business, No 60 Baltimore ~~Street~~ *Address,* 174 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 89106 *Office of Registrar of Vital Statistics.* Ward 13 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, January 21 st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel R. Blaylard,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 81 *Years,* 5 *Months,* 24 *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Caroline Co, Md,

Duration of Residence in the City of Baltimore, 12 Years,

Place of Death, {Give street and Number.} 24 N Shroeder st.

Cause of Death, First (Primary), Infirmities of Age

Second (Immediate), Prostration

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Jan 22nd 1886

Undertaker Geo B Cook

Place of Business, No 707 W Baltimore st

John D Pennington M. D.
Medical Attendant.

Address, 134 N Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 8907 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 23 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Saturday Jan 23rd. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lefroux

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~~~ *Years,* ~~~~ *Months,* 2 0 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 234 St. & Low St.

Cause of Death, First (Primary), Lack of development owing to prematurity Coroner

Second (Immediate), Inanition,

Duration of Last Sickness, From time of birth.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, Jan 25th

Undertaker, A Lefroux

Place of Business, 234 Edmonds

Wilmer Bristow M. D.
Medical Attendant.

Address, Shaw St & Fremont Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Ross Leib

~~Sex,~~ *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 12 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 232 Franklin St

Cause of Death, First (Primary,) Measles

Second (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Jan 24th 1886

Undertaker, Matthew Cadogan

Place of Business 227 Mulberry St.

Frank D. Gunon M. D.
Medical Attendant.

Address 187 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 89109 — *Office of Registrar of Vital Statistics.* — Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 23 1886 BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, Jany 22/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Ottmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 67 *Years,* — *Months,* 12 *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} 23 W. Lexington St

Cause of Death, First (Primary), Intemperance

Second (Immediate), Gen'l Nervous Exhaustion

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, May 25th 1886

Undertaker, Wm. J. Mackey

Place of Business, 150 Lanvale St

Jno D Blake M. D.
Medical Attendant.

Address, 153 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Health Department, City of Baltimore.

Permit No. 89110 *Office of Registrar of Vital Statistics.* Ward 16

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Fronhauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 3 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 225 S Paca St

Cause of Death, First (Primary), Inflammation of the Brain

Second (Immediate),

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 24th 1886

Undertaker, John D. Macher

Place of Business, 150 Saratoga St *Address,* 76 S Paca St

I H Burney *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back ...

Health Department, City of Baltimore.

Permit No. 89111 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the representation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 23 BALTIMORE, MD.

CERTIFICATE OF DEATH.

8

Date of Death, Jan 22d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathilda Chaffee Pendleton

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 172 Maryland Ave

Cause of Death, First (Primary), Uterine, Mesenteric, & extensive

Second (Immediate), umbilical cancer,

Duration of Last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jan 25th 1886

Undertaker, H. W. JENKINS & SONS UNDERTAKERS Park & Saratoga Sts.

Place of Business,

Elias C. Price M. D.
Medical Attendant.

Address, 262 Mead Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 8911 2

Office of Registrar of Vital Statistics.

9 a

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jany 21 /86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J F Andrews

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 88 *Years,* 10 *Months,* *Days.*

Color, Wht

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Physician & Surgeon

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} Barnum's Hotel

Cause of Death, First, (Primary.) old age

Second, (Immediate.) Ramolis...

Duration of Last Sickness, 4 Jrs

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, Jan 25th 1886

Undertaker, H. W. JENKINS & SONS UNDERTAKERS Park & Saratoga Sts.

Place of Business,

Archer Atkinson M.D.,

" Medical Attendant.

Address, 119 N Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

4019 Fraser

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 89113

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after death* of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 22, 86

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos Edmund Brown

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 51 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow* or ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Va

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, { Give street and number. } Hy St Paul sts

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 24 - 1886

Undertaker, Corr Madden

Place of Business, 76 East St

Arlie F Knotts M.D.,

" Medical Attendant.

Address, 119 N Chas St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 24 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Jones

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, about 98 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* ———

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} No. 48 Stockton Ally

Cause of Death, First (Primary,) Old age

Second (Immediate,) Paralysis

Duration of Last Sickness, a month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 24 - 1886

Undertaker, Wm R Dunger

Place of Business, # 62 East St

John G. Harris M. D.
Medical Attendant.

360 Lexington St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health Department, City of Baltimore.

Permit No. 8715 *Office of Registrar of Vital Statistics.* Ward 19th

HEALTH DEPARTMENT JAN 9 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 4 *Months,* 3 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Parrish alley No 47

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 28 - 1886

Undertaker, Wm N. Dunger

Place of Business, #62 East St

M. K. Warner M. D.
Medical Attendant.

Address, 280 N Amity St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8916 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lewis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Boy Lives Asylum

Duration of Residence in the City of Baltimore, Entire life

Place of Death, {Give Street and Number.} Nursery & Child's Hospital

Cause of Death, First (Primary), Syphilis

Second (Immediate), Ulcer roof of mouth

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 23

Undertaker, C H Blizzard

Place of Business, 201 Pine ave *Address,* 22 E Lexington ave

J M Huntley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 8917 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 24 1886
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan. 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Price.

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 11 *Years,* 11 *Months,* 4 *Days,*

Color, Colored.

~~*Married,* Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No. 1, Easton St.

Cause of Death, First, (Primary,) Indigestion

Second, (Immediate,) Convulsions

Duration of Last Sickness, about 2, months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 23rd 1886

Undertaker, Wm. N. Dunze

Place of Business No 62 East 21

J. E. Heard M. D.,
Medical Attendant.

Address, 376 E Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 89118 *Office of Registrar of Vital Statistics, Ward* 10 2

The Physician who attended any person in a last illness, is responsible for the representation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 23 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 22 Dec 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Pelz

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* 5 *Months,* 5 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Germany (Nassau)

Duration of Residence in the City of Baltimore, 47 Years

Place of Death, {Give street and Number.} 59 Myrtle Av

Cause of Death, First, (Primary,) Carcinoma

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial. Jan. 20/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 120 Park Ave Balto

H. H. Feldmann M.D. M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 89119 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT BALTIMORE, MD. JAN 25 1886

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Jan 22 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence E. Gordon

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days*

Color, White.

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 120 S. Fulton St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan. 24/86.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 837 W. Pratt St.

L. R. Wilson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 89120 *Office of Registrar of Vital Statistics.* Ward 4th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Jany. 23 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Bentley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Janitress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, {Give Street and Number.} No. 5 Clark's Court nr. Chestnut St.

Cause of Death, First (Primary), Aneurism Arch of Aorta, 1st part

Second (Immediate), Rupture

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, Jan 23 '86

Undertaker, Wm. A. Stiers

Place of Business, Health Dept *Address,* Corner Cent. Dist.

Alexander Hill, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Blanks Below and to Rule 10 of Articles of [illegible]

Health Department, City of Baltimore.

Permit No. 8912 1 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 23 1 66 BALTIMORE, MD.

2

CERTIFICATE OF DEATH.

Date of Death, Jan 23th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Krosdowski

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* ~~~~ 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 305 S Bond St

Cause of Death, First (Primary),

Second (Immediate) Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 24/86

Undertaker, H Broskowski

Place of Business, 215 S Ann St *Address,* Canton

James A Steuart M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Saml A Colwell Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, also to List of Diseases on the

Health Department, City of Baltimore.

Permit No. 8912 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Prudence Gif

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 11 *Months,* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 120 Randall St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 24th 1886

Undertaker, C. F. Krauseadon

Place of Business, 209 Hanover

Thomas Coates M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 89123 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1, 23, 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Duffini

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 3 2 *Years,* 2 *Months,* 17 *Days,*

HEALTH DEPARTMENT JAN 24 1886 BALTIMORE

Color Col

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 2 6 Years

Place of Death, {Give street and Number.} 231 Dover St

Cause of Death, First, (Primary,) Ag E. General Debility –

Second, (Immediate,) Convulsions Paralysis

Duration of Last Sickness, about a Year

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 26 1884

Undertaker, H Ross

Place of Business, 95 East Main St

H. M. Bulman M. D.,
Medical Attendant.

Address, 349 Cross

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 89124 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1884 BALTIMORE

Date of Death, Jany 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Enine

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days*

Color, Blk

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City 7 mo

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 322 Hamburg St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Abscess

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 24 1884

Undertaker, H. Ross

Place of Business, 95 Cor Wayne St

R. H. O Ellis M. D.
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 89125 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany. 23/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gorsuch

HEALTH DEPT. JAN 24 1886 BALTIMORE

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* ____ *Months,* ____ *Days*

Color, White

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ____

Birth Place, {State or country, and how long in the United States, if of foreign birth.} A. A. Co. Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 605 W. Fayette

Cause of Death, First (Primary), Infirmity of age

Second (Immediate), old age.

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Millersville A. A. Co.

Date of Burial, Jan 25th 1886

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette St *Address,* 179 N. Howard

Thos. Opie *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4020 transit

Health Department, City of Baltimore.

Permit No. 89126 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 22–86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia J Shriver

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days*

Color, Dark

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 32 Elbow Lane

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 24 1886

Undertaker, S Mchase

Place of Business, 98 Howard St

Joseph Smith M. D.
Medical Attendant.

Address, 959 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 8917 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. a

HEALTH DEPT. JAN 24 1886 BALTIMORE

Date of Death, Jany 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Long

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days*

Color, Black

Married, ~~Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 271 S. Fremont St

Cause of Death, First (Primary), ~~Asthma~~ Phthisis

Second (Immediate), Apnoea 3 hrs.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jan 24 1886

Undertaker, G W Cohan

Place of Business, 198 Howard

Jno P Ellis M. D.

Medical Attendant.

Address, Penn & Montgomery Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 89128 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. Reilly

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 76 West Fayette St

Cause of Death, First (Primary), Phthisis Pul.

Second (Immediate),

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Jan 25th 1886

Undertaker, James A. Byrne

Place of Business, No 63 Front St

John Morris M. D.
Medical Attendant.

Address, 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special attention of Physicians is Respectfully Invited to the Accompanying Notice and to the Penalties Attached.

Health Department, City of Baltimore.

Permit No. 89129 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1886 BALTIMORE MD.

Date of Death, Jan. 22 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Koutzman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give Street and Number.} Dropped dead on Lexington & Eutaw Sts

Cause of Death, First (Primary), Heart Disease

Second (Immediate), — —

Duration of Last Sickness, History that he has been ailing for years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 23 1886

Undertaker, Jas D Byrne

Place of Business, 63 Fremont

Wm A Lowe M. D.

Coroner ~~Medical Attendant~~.

Address, 322 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89130 *Office of Registrar of Vital Statistics.* Ward 5 cf

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

A

Date of Death, Jany. 22. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Bradley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26. *Years,* *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Oyster shucker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto U.S.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 52 Lewis Pl.

Cause of Death, First (Primary), Acute Gastritis

Second (Immediate), Exhaustion

Duration of Last Sickness, ~~1 day~~ I paid but one visit

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Jan 24th 1886

Undertaker, Wm. P. Bingel

Place of Business, 62 East St.

Thos. J. Simms M. D.

Medical Attendant.

Address, 242 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 89131 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James D Ru[illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,* ✓

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Father - farm Farmer Retired Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 76 Gerrish Ave

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate), Exhaustion & Collapse

Duration of Last Sickness, Supposed about

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Jan. 25th 86

Undertaker G. Franz

Place of Business, Bank & Wolfe *Address,* Hospitals

E. H. Furney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of th...

Health Department, City of Baltimore.

Permit No. 8913½ *Office of Registrar of Vital Statistics.* Ward 3 & 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 24 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 22d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Kilmurdanaw

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 43 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 30 N. Wolfe st

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Jan 25th 86

Undertaker, J. F. Franca

Place of Business, Bank & Wolfe Sts.

P. S. Dwyer M. D.
Medical Attendant.

Address, 325 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 89133 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE 1886

CERTIFICATE OF DEATH.

Date of Death, January 23rd. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Edw. Harris

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* ... *Months.* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 490 Canton Avenue

Cause of Death, First (Primary), ...

Second (Immediate), Typhoid Fever

Duration of Last Sickness, about 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Jan 25th 86

Undertaker, G. France

Place of Business, Bank & Wolfe Sts

N. Dashiell Jr. — M. D.
Medical Attendant.

Address, 20 W. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 89134 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN

C

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry William Gretchell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 57 *Years,* 6 *Months,* 5 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Saloon Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} No 273 Eastern Avenue

Cause of Death, First (Primary), Softening of the Brain

Second (Immediate),

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, Jan 25

Undertaker, L. Ritz

Place of Business, 131 S. Broadway

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 89135 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Doepke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany (21 months)

Duration of Residence in the City of Baltimore, 21 Months

Place of Death, {Give Street and Number.} 130 Hare st Paca

Cause of Death, First (Primary), Cancer of the stomach

Second (Immediate), Exhaustion

Duration of Last Sickness, 18 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Jan. 25 '86

Undertaker, J. G. Francis

Place of Business, Paca & Wolfe sts *Address,* 12 S. Eden st

L. O. Whitehurst M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 89136 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 24/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ambrose Bussing

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 3 *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} 148 S. Caroline

Cause of Death, First (Primary), Rheumatic Pericarditis

Second (Immediate), Apnoea

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 26 86

Undertaker, Fred Eade

Place of Business, 218 Broadway *Address,* 417 S Bdwy

G. L. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 89137 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 24 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. M. Isaac

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 11 *Months,* *Days*

Color, W.

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Book-Keeper.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 335 N. Broadway

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Asthenia

Duration of Last Sickness, 5 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 26/86

Undertaker, Wm S Fry

Place of Business, 81 W Fayette

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore. 12

Permit No. 89138 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th January 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catherine Kinnett.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Thirty five (35) *Years,* *Months.* *Days*

Color, White

~~*Married,* *Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, General work - of a Married Woman -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, Thirty (30) Years.

Place of Death, {Give Street and Number.} No 7. Etting Street Baltimore.

Cause of Death, First (Primary), Tuberculosis.

Second (Immediate), Pulmonary Tuberculosis (Consumption)

Duration of Last Sickness, Two years and two months.

All the above information should be furnished by the Physician.

Place of Burial, St Marys cem Evanstown

Date of Burial, Jan 25 1886

Undertaker, Martin Fahey

Place of Business, 128 Fremont St

W. C. van Bibber M. D.
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 87139 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1886 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, January 23 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Young

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 4 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 36 Warren av

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 25th 1886

Undertaker, Cumston & Co

Place of Business, 263 Light St

H C Wrebsted M. D.
Medical Attendant.

Address, 101 Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back ...

Health Department, City of Baltimore.

Permit No. 89140 *Office of Registrar of Vital Statistics.* Ward 2

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 23d, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Schnabel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 3 *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} —

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give Street and Number.} # 168 S. Central av.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Complicated by Asthma

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, January 26th 1886

Undertaker, Peter Frey

Place of Business, 91 Eastern Av

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89141 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E. Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give Street and Number.} 5 Lemmon St

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate), 4 4

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Jan 25th 86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 179 N Howard St

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

St Peters

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

3~

Permit No. 89142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 23d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Lee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Fifty five *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Fifty Five years

Place of Death, {Give street and number.} 182 N Spring

Cause of Death, First (Primary,) Debility

Second (Immediate,)

Duration of Last Sickness, 3 Years

All the above Information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Jan 25th 1886

Undertaker, Wm McGuigan

Place of Business, 62 East St

L J Chabot M. D.
Medical Attendant.

Address 383 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 89143 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT JAN 25 1896 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 24 '96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Kittrick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Boilermaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland, 30 years

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tuberculosis Pulmonary

Second (Immediate), Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, ~~Jan~~ 25th

Undertaker, ~~John J~~ Cowan

Place of Business, 89 Hollins

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 8914 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1894 BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, Jan 23d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Fahey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 8 *Months,* 1 *Days*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 62 Boyd St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Hydrocephalus & Convulsions.

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Jan 25th

Undertaker, John F Cowan

Place of Business, 89 Hollins St

H. K. Webster *M. D.*
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible] below, and to List of Diseases on Back [illegible]

Health Department, City of Baltimore.

Permit No. 89145 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 23d 1886 - 2 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Burns

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 18 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} #27 Second St

Cause of Death, First (Primary), Scrofula Syphilis.

Second (Immediate), Exhaustion

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents County

Date of Burial, Jan 25/86

Undertaker, J. O. Byrnes

Place of Business, Front St

E. Van Stowe M. D.
Medical Attendant.

Address, City Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 89146 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dahle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 54 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 418 E Chase street

Cause of Death, First, (Primary,) Chronic Bronchitis & Asthma

Second, (Immediate,) General Debility

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 26th 1886

James E Whitford M. D.,

Medical Attendant.

Undertaker, George Schilling

Place of Business, Ashland Square Address, 195 Aisquith street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 89147 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 23 / 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ward E. Potterfield

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* / *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harpers Ferry W. Va

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and Number.} 368 Franklin St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " "

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Jan 26th 1886

Undertaker, F. Louis Schaefer

Place of Business, 169 N Fremont

J. C. Hammer M. D., Medical Attendant.

Address, 87 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

HEALTH DEPARTMENT JAN 25 1886

Permit No. 87148 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 24 1886 = 4.30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Amick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} /

Age, 39 *Years,* 9 *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Slater

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 33 N Bond St

Cause of Death; First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, Nine Months.

All the above information should be furnished by the Physician.

Place of Burial, green mount

Date of Burial, Jan 26

Undertaker, John Lake

Place of Business, 201 East Baltimore

Chas A Shertzer M. D.
Medical Attendant.

Address, 88 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 89149 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1886 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, January 24. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} not named. father Robt Poulton mother Margaret "

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 1 *Days*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 105 N. Biddle

Cause of Death, First (Primary), Prematur birth: 7 mo gestation

Second (Immediate),

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Jan 25th 1886

Undertaker, John J Andrews

Place of Business, No 476 Druid Hill Ave

G Lane Taneyhill M. D.
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89150 *Office of Registrar of Vital Statistics.* Ward 11 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BUREAU OF STATISTICS
JAN 25 1886
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles L. Ordeshuys

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 Years, 5 Months. — Days

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Fifty three

Place of Death, {Give Street and Number.} No. 217 N. Eutaw St.

Cause of Death, First (Primary), Carcinoma of the Pylorus & Duodenum

Second (Immediate), of the Stomach & Duodenum

Duration of Last Sickness, between 4 & 5 Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, January 26th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

Thomas Shearer M. D.
Medical Attendant.

Address, No. 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 89157 *Office of Vital Statistics.* Ward 1st

HEALTH DEPARTMENT JAN 25 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 22. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catherine D. Sweeney

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 55 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Home

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty-six years.

Place of Death, {Give Street and Number.} 29 S. Collington Ave.

Cause of Death, First (Primary), Croupous Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Jany. 25/86

Undertaker, W. A. Saiger

Place of Business, 74 S. Bdwy.

G. G. Link M. D.

Medical Attendant.

Address, Balt. & Ind. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89152 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1886 BALTIMORE

Aar B

CERTIFICATE OF DEATH.

Date of Death, Jan 25 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jack Braker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} (Braeker)

Age, 31 *Years,* *Months,* *Days*

Color, Wh

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Stirling St

Cause of Death, First (Primary), Typhoid Fever.

Second (Immediate), Accident

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, Jan 27 1886

Undertaker, Henry Hoda

Place of Business, 209 W Pratt *Address,* 114 Park

F. E. Chatard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89153 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1886 BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Deal

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or Widower,* {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemetery

Date of Burial, Jany 22/1886

Undertaker, Fred A Kaehmer

Place of Business, 30 Madison Ave

C. W. Mitchell M. D.
Medical Attendant

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89137 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT JAN 25 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, About Jany. 22 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* About 1 *Months,* 15 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} Found in a box by Jno. Roe on Mine Bank Lane nr. Hoffman St.

Cause of Death, First (Primary), Natural causes, + indications point very strongly to hereditary syphilis

Second (Immediate), the child being covered with syphilitic psoriasis.

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, Jan 25/86

Undertaker, W. A. Screen

Place of Business, Health Office

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of [illegible] is respectfully called to the Rules and Regulations on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89153 *Office of Registrar of Vital Statistics* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED JAN 25 1886

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Emma & Chas Marsh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 11/2 *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 148 N Fremont St

Cause of Death, {First (Primary),} {Second (Immediate), Spasms

Duration of Last Sickness, 2 hrs

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Jan 25th 86

Undertaker, J. J. Andrews

Place of Business, 4 Druid Hill Ave

James A Steuart M. D.
~~Medical Attendant.~~

Address, Cumb Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. E. Roberts Asst Inspector

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89156 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CLERK JAN BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 22/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry I Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~ *Years,* 3 *Months,* ~ *Days*

Color, c d

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} I Baltimore City Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 89 Moores Alley bet Orchard & Biddle

Cause of Death, First (Primary),

Second (Immediate), Stomatitis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Jany 25/86

Undertaker, H. A. Kerchner

Place of Business, Health Department *Address,* Camden N & E

James A Steele M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

George E. Brown
Sanitary Inspector

Board of Health, City of Baltimore,

Permit No. 89157 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 29 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1886.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lawrence Woods

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } —

Age, 69 *Years,* — *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } —

Occupation, Housekeeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Prince Georges Co

Duration of Residence in the City of Baltimore, 43 years.

Place of Death, { Give street and Number. } 330 N. Howard St.

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,) Consumption

Duration of Last Sickness, 7 or 8 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan 26/86

Undertaker, Chas. T. Scriven

Place of Business, 271 W. Eutaw

Edward A. Mann M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89158 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 25 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Parker

~~*Sex,*~~ *Male or Female,* {Cross out the word not required in this line.}

Age, *Years,* 14 *Months,* 13 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, 0

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 113 Fort Ave.

Cause of Death, First (Primary), ...

Second (Immediate), Chronic Bronchitis

Duration of Last Sickness, 11 months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Jan. 26/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 226 Mulberry st

Louis Chas H[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 89159 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hoffman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* 3 *Months,* 29 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 277 Hollins St

Cause of Death, First (Primary), Chronic Softening of the Brain

Second (Immediate), Paralysis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 26th 1886

Undertaker, S. M. Lemaire

Place of Business, 782 W Balto

Jas. E. Gilbourne M. D.
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...special direction... of this Certificate.

Board of Health, City of Baltimore,

Permit No. 89160 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 86 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 1/24/86

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susanna Peck

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 49 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 425 W. Fayette St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 11 Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 26th 1886

Undertaker, S. W. Leonard & Son

Place of Business, 782 W. Baltimore

W. W. Edmund M. D., Medical Attendant

Address, 814 Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89161 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelie Meyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give Street and Number.} 1 1/2 Columbia Ave

Cause of Death, First (Primary), Chronic

Second (Immediate), Bright's Dis.

Duration of Last Sickness, about 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Jan. 26th 1886

Undertaker, G. H. J. Dill & Son

Place of Business, 180 Columbia Ave

Geo. H. Arnold M. D.
Medical Attendant.

Address, 281 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89162. *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael Ann Reynolds

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 165 Madison St.

Cause of Death,
First (Primary), Metritis
Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 27. 1886

Undertaker, H. C. Saunders & Son

Place of Business, 252 Canton Av *Address,* 53 Edward St.

E. J. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89163 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 23 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard B. Hart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Retail

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 14 Months

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Pulmonary

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, E. Pul. Cemetery

Date of Burial, Feb 26/1886

Frank C. Bressler M. D.
Medical Attendant.

Undertaker, W. A. Disney

Place of Business, Health Office *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89164 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Cristina Platt.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 1 *Years,* 4 *Months,* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~ V

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} 43 Granby St.

Cause of Death, First (Primary), Acute Bronchial Catarrh.

Second (Immediate),

Duration of Last Sickness, a few days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, January 26th

Undertaker, W Duffel

Place of Business, 137 S Bond *Address,* 2113 Broadway.

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 89165 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, January 24th 1886.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Nettie C. Bradpher.

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 34 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower.~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City.

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, { Give street and Number. } #100 Cathedral St.

Cause of Death, First, (Primary.) Pelvic Cellulitis.

Second, (Immediate,) Acute Pelvic Peritonitis.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Jan 27: 1886

Undertaker, Alex Hendy

Place of Business, 116 Orchard St

Robt S. Wilson, M. D.
Medical Attendant.

Address 146 & 152 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

P. S. I was sent for to attend her, on the 18th inst R.J.H.

Board of Health, City of Baltimore,

Permit No. 89166 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, January 24th/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Burgunder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 243 W. Lombard

Cause of death, First, (Primary,) Cerebral Paralysis

Second, (Immediate,)

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Oheb Sholam Cemetery

Date of Burial, January 26 A. Aaronsohn M. D.,

Undertaker, Jacob Ahrens Medical Attendant.

Place of Business, 28 High St *Address,* 276 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Special Attention of Physicians is respectfully invited to the following Rules and to Item 9 of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

13"

Permit No. 89167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, January 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Maas

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} W. Lombard Street 299.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, January 27

Morris Steiner *M. D.*
Medical Attendant.

Undertaker, Jacob Ahrens

Place of Business, 28 N High St *Address* 319 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Bowen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 69 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Prof-reader

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Gettysburg Pa

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 199 George St

Cause of Death, First, (Primary,) Bright's disease, Heart disease

Second, (Immediate,) Congestion of lungs & heart failure.

Duration of last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Gettysburg Pa

Date of Burial, 27 January 1886

Undertaker, H. Weaver

Place of Business, 202 N. Eutaw

J. R. Uhler M. D.
Medical Attendant.

Address, 234 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

404 1 Transcl

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89169 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 24 / 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Klautschek

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 73 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Professor of Music

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 435 W. Fayette

Cause of Death, First (Primary), Valvular Disease of Heart

Second (Immediate), " " "

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jany 26th 1886

Undertaker, Denny and Mitchell

Place of Business, 550 W Fayette St

Thomas O'Sullivan M. D.
Medical Attendant.

Address, 179 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89170 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* 5 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give Street and Number.} 29 Lancaster St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews

Date of Burial, Jan. 26. 1886

Undertaker, H. C. Langdon & Son

Place of Business, 252 Lexington *Address,* 412 E. Balto St.

James F. O'Shea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89171 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 25/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wandel

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 336 Gay St

Cause of Death, First (Primary), Hypertrophy of the Heart

Second (Immediate), Asthenia,

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ft Alphonsus Cemetery

Date of Burial, Jan 28th 86

Undertaker, Edw Gallagher

Place of Business, 1121 Pennsa Ave

S. Mellen, M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89172 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Jun 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lyd. Cowan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 89 Hollins

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asthenia

Duration of Last Sickness, " 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 27th

Undertaker, John J Lowman

Place of Business, 87 Lexington St *Address,* 289 W. Lombard

Edwd J. Mulvaney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89173 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 25 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Judah Fried

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 2 *Months.* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} № 143 E Pratt st.

Cause of Death, First (Primary), Inanition

Second (Immediate), Debility

Duration of Last Sickness, since birth (I have seen it only after it died)

All the above information should be furnished by the Physician.

Place of Burial, Russian Cemetery

Date of Burial, Jan 26, 1886

Undertaker, David Hyman

Place of Business, 112 Exeter St *Address,* 125 S. Eden st

L Ottinger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 89174 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny E. Matthews

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* Ten *Months,* Nine *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 26 Mc Kims Street

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 26- 1886

Undertaker, W W Madden

Place of Business, 76 Canton

Wm. H. Clendinen M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89175 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 25 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry T. Manley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Newton Conn.

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give Street and Number.} Cor. Cross and Bowers street

Cause of Death, {First (Primary),

{Second (Immediate), Cardiac Dropsy

Duration of Last Sickness, 3 Mo's

All the above information should be furnished by the Physician.

Place of Burial, Phoenix Oswego Co NY

Date of Burial, Jan 27 & 6

Undertaker, F. Loane & Co

Place of Business, 612 N. Bolto Address, 616 W Balt. St.

B. S. Titcomb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4022 Fawset

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89176 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ballard E. Daughen,

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 31 *Years,* 10 *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1113 N. Gilmor St.

Cause of Death, First (Primary), Organic Valvular Disease of Heart,

Second (Immediate), + Bright's Disease,

Duration of Last Sickness, 1 Month.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 29th 1886

Undertaker, F. Irvin Schaefer

Place of Business, 109 N Fremont *Address,* 278 E. Lexington St

Thos. L. L. Frazier M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8917 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 25/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mahr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 528 W. Pratt St

Cause of Death, First (Primary), [illegible]

Second (Immediate), Hemorrhage

Duration of Last Sickness, " Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Jan. 27th/86

Undertaker, W. Cadogan

Place of Business, 227 Mulberry St *Address,* 38 W. Lombard

D. Lehr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...pecial attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

8 11

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 27 1886 BALTIMORE MD

Date of Death, January 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie E Holmes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 1½ *Months,* ____ *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 17 Tyson alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 17 Tyson alley

Cause of Death, First (Primary,) Inflammation of Stomach

Second (Immediate,) Convulsion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Church St Cem

Date of Burial, Jan 27th 1886

Undertaker, Alex Hamsley

Place of Business, 116 Orchard St

J. E. Lindsay *M. D.*
Medical Attendant.

Address 28 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 89179

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89179 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 27 1886 BALTIMORE, MD.

Date of Death, Jan. 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Schmidt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* 18 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore 30 Years

Place of Death, {Give Street and Number.} 54 Johnson St.

Cause of Death, First (Primary), Pleuritic Effusion

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Ohl Fellows.

Date of Burial, Jan 27

Undertaker, C Harle.

Place of Business, 82 West

Jno Gould M. D.
Medical Attendant.

Address, 17 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 89180 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1886 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Tuesday January 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip DeVaulo

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 512 N. Eutaw

Cause of Death, First (Primary), ...

Second (Immediate), Tuberculur Meningitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem

Date of Burial, Jany 27th 1886

Chas Clarke M. D.
Medical Attendant.

Undertaker W. J. Tiedner

Place of Business 65 S. Eutaw *Address,* Pine and Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87181 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Jany 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie V Ward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 7 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ball

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 36 Warren av

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Stonehurst Va

Date of Burial, Jan 27/1886

Undertaker, Stonehurst Co

Place of Business, 263 Light *Address,* 101 Frank

H W Webster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89182 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or, sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 27 1886 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, January 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Stumpf

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give Street and Number.} 674 N. Baltimore St

Cause of Death, First (Primary),

Second (Immediate), Cirrhosis of Liver

Duration of Last Sickness, About 8 or 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 28th 86

Undertaker, M. Kadejan

Place of Business, 227 Mulberry St

W. R. M Howes M. D.
Medical Attendant.

Address, 582 N Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89183 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 27 1888 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Stockwell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 85 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York.

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give Street and Number.} Cor Caulton & Edmondson Ave

Cause of Death, First (Primary), —

Second (Immediate), old age

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, January 27th 1888

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

E. J. Cummings M. D.
Medical Attendant.

Address, 53 Edmondson Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8918 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 27 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 27/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J O'Neill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Undertaker ~~Carpenter~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 Weeks

Place of Death, {Give street and number.} 182 Battery ave

Cause of death, First, (Primary,) Chronic Diarrhoea

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 8 mos

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet. Washington D.C.

Date of Burial, Jan. 28th/86.

Undertaker, Daniel Flynn

Place of Business, 109 West St

L B. Pacetti M. D.,
Medical Attendant.

Address, 22 Druid Hill ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 6024 (over)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89185 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Ryan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give Street and Number.} 30 Addison St

Cause of Death, First (Primary), Cancer of breast

Second (Immediate), Exhaustion

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 28/86

Undertaker, H. C. Winkfield

Place of Business, 90 Greenmount Av

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 17 E. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...spection of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89186 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 25. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles M Garrity.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~46~~ 47 *Years,* 4 *Months,* 4 *Days*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.} Married ✓

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland. Ellicott City.

Duration of Residence in the City of Baltimore, 10 days (on visit)

Place of Death, {Give Street and Number.} Windsor St

Cause of Death, First (Primary), Cardiac Hypertrophy.

Second (Immediate), Heart clot

Duration of Last Sickness, Some Time

All the above information should be furnished by the Physician.

Place of Burial, Balt. County

Date of Burial, Jan 27 1886

Undertaker, Armistead Murray

Place of Business, 163 Light

H. F. Kemp M. D.
Medical Attendant.

Address, 55 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8918 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Annette Scally

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months.* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 341 E. Fayette St.

Cause of Death, First (Primary), Diptheria

Second (Immediate), Asthenia

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 27. 1886

Undertaker, M. A. Dayer

Place of Business, 74 S. Bro.

John S. Lynch M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89188 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 24 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel M. Harman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 21 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 124 York St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 26 1886

Undertaker, H. Ross

Place of Business, 95 Can Wayne St *Address,* [illegible] Chapel St

Carl Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89189 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1886 BALTIMORE, MD.

9

CERTIFICATE OF DEATH.

Date of Death, Jany 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred C. Gladding

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 8 *Months.* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, 7. 8. 18.

Place of Death, {Give Street and Number.} 51 Hanover st

Cause of Death, First (Primary),

Second (Immediate), Diptheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon. Pk Cemetry

Date of Burial, Jany 28th.

Undertaker, G. W. Troll

Place of Business, #13 Hanover *Address,* Hanover st

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 89190 *Office of Registrar of Vital Statistics,* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH. 84

Date of Death, Jany 26. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leo Gordon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 11 Months, 2 1 Days,

Color, Colo

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Butte Ind

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Libn

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 37 St Paul St

Cause of Death, First (Primary). Diarrhea

Second (Immediate). 1 Week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 27 1886

Undertaker Wm A Bisson

Place of Business, Health Office

Thos J Vance M. D. Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8719 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany. 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Rinkenafs

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 42 yrs.

Place of Death, {Give Street and Number.} No. 36 Constitution St.

Cause of Death, First (Primary), Heart Disease, but the exact

Second (Immediate), nature I cannot say

Duration of Last Sickness, Instant death.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 27th 1886

Undertaker, Henry K. Mears

Place of Business, 22 W. Fayette St *Address,* Coroner Cut. Dist

Alexander Hill, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89194 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Broni Sgasynski

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not roquired in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 76 Albemarle

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 28/86

Undertaker, Felix Brzoskowski

Place of Business, 215 S. Ann St *Address,* Canton P.O.

James A Steuart M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

James L. Clements
Sanitary Inspector

...Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 89193

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, JAN 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruby Clay Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 9 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Georgetown — D.C.

Duration of Residence in the City of Baltimore, 4 3 years

Place of Death, {Give street and number.} No. 241 N. Charles St

Cause of Death, First, (Primary.) Progressive Sclerosis of Spinal Cord

Second, (Immediate.) Cerebral Apoplexy & Paralysis

Duration of Last Sickness, About 7 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cy.

Date of Burial, Jany 29th 1886

P. O. Thiess M.D.,

" Medical Attendant.

{*Undertaker,* ...

{*Place of Business,* ...

Address, 46 Park Avenue

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 89194 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, January 26th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie T. Roane

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 3 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 5 Years.

Place of Death, {Give street and number.} 114 Prestman St.

Cause of death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,)

Duration of Last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Glenwood Cem. Va

Date of Burial, January 28th 86

Undertaker,

Place of Business,

A. C. Fox M. D.,
Medical Attendant.

Address, 57 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 4045 Penn [over]

...ferred to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89195 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Skinner

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, thirty years.

Place of Death, {Give Street and Number.} 149 N. Bond St.

Cause of Death, First (Primary), Organic Disease of Heart

Second (Immediate), Managing

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 28th

Undertaker, Geo Schilling

Place of Business, Ashland Square

A. F. Erich M. D.
Medical Attendant.

Address, 95 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 89196 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachael A Bigham

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 42 *Years,* 1 *Months,* 3 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Philadelphia Pa

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and Number. } 794 Exeter Street

Cause of Death, First, (Primary,) Chronic Albuminuria

Second, (Immediate,) Uremic Coma

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 28th

Undertaker, Geo Schilling

Place of Business, Ashland & Eyman *Address,* 195 Argyle Ave

James E Whitford M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89197

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 25 th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorelle Gaines

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* five *Days*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 303 Hoffman St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Extention of disease to the other lung

Duration of Last Sickness, 27 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 28th 1886

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Edios C Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87198 *Office of Registrar of Vital Statistics.* Ward 7th

HEALTH DEPARTMENT JAN 27 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Field

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 85 *Years,* ——— *Months,* 25 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ Widower

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} Barnes st East of Broadway

Cause of Death, First (Primary), Old Age

Second (Immediate), Diarrhoea

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Woodmount Cem

Date of Burial, Jan 28 1886

Undertaker, Henry McE Gimis

Place of Business, 44 W. Lombard

E. B. Fenby, M. D.
Medical Attendant.

Address, 283 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89199 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert A. Potter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 3 *Months,* 27 *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 2 Lucas Ct

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Hypostatic pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan. 28/86

Undertaker, Chas. L. Scrivin

Place of Business, 27 N. Eutaw *Address,* 82 Eutaw St

Edward [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89200 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 26th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Rossmann Sr.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 51 — *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Salesman —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany. —

Duration of Residence in the City of Baltimore, 46 years.

Place of Death, {Give Street and Number.} 208 Harlem Ave. —

Cause of Death, First (Primary), Morbus Brightii —

Second (Immediate), Softening of the Brain

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 28th 1886

Undertaker, D Emry & Mitchell

Place of Business, 336 W Fayette st

W. A. B. Dillman — M. D. Medical Attendant.

Address, 46 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8920 / *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 28 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Cadden.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Balto Orphan Asylum.

Cause of Death, First (Primary), Tuberculer Meningitis.

Second (Immediate), Poisoning by the Molecules of Coronary Asphixia to Hypostasis.

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Jan 29th 86

Undertaker, Hewitt & Talbert

Place of Business, 1 Park Square Address, Fayette & Pine Sts.

J. G. Nicholson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 69202 *Office of Registrar of Vital Statistics.* Ward 9

HEALTH DEPARTMENT JAN 28 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after said death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schutt Jr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 296 S Ann St.

Cause of Death, First (Primary), Premature

Second (Immediate), Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Jany 28th 1886

Undertaker, John Herring

Place of Business, ~~~ *Address,* Eutaw & C

Edward A Lewis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Sanitary Inspector

Board of Health, City of Baltimore,

Permit No. 89403 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 25 86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Brooks

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months.* *Days.*

Color, S

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 23 Harrison L

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness. 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 28 th Henry Chandlee M. D.

Undertaker Thomas Hearn Medical Attendant.

Place of Business, 24 Rock St *Address,* 181 Linden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 12

Permit No. 89204 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brady

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harpers Ferry Va

Duration of Residence in the City of Baltimore, Most 25 years

Place of Death, {Give Street and Number.} 21 Elting Lt

Cause of Death, First (Primary), Valvular Disease of the Heart

Second (Immediate), Phthisis Pulm & Abdominalis

Duration of Last Sickness, About 7 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Jan 29th 1886

Undertaker, Frederick Wiegand

Place of Business, 66 Druid Hill Ave *Address,* 262 Madison Ave

Elias L Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8942 05 *Office of Registrar of Vital Statistics.* Ward 20

HEALTH DEPARTMENT JAN 28 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 27-1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Crosby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 76 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married.

Occupation, Lawyer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Orange Co Va.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give Street and Number.} 315 Lanvale St.

Cause of Death, First (Primary), Cerebral Softning

Second (Immediate),

Duration of Last Sickness, 2 or 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jany 29th 1886

Undertaker, F. Lewis Schafer

Place of Business, 109 N Fremont *Address,* 98 St Paul St. Ext

Jno T Powell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89206 *Office of Registrar of Vital Statistics,* Ward 4th

HEALTH DEPARTMENT JAN 28 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Wednesday Jan 27th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Rice

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 70 Years

Place of Death, {Give Street and Number.} 102 N. Exeter St.

Cause of Death, First (Primary), Paralysis

Second (Immediate), Exhaustion incident to decline & Extreme Old age

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 28. 1886

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St *Address,* Chas St & Fort Place

Wilmer Brinton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89207 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 29 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan. 28/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Hamilton

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Nun

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 173 S. Spring St.

Cause of Death, First (Primary), Asthma

Second (Immediate), Dropsy

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Jan. 29 1886

Undertaker, M. Funk

Place of Business, Bank St

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89208 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, John Rudolph Fellman

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jan 26th 1886

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61. *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 92 N. Broadway - Junior Centre -

Cause of Death, First (Primary), Cerebral Effusion -

Second (Immediate),

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 29th 1886.

Undertaker, Chr. Bartell & Son

Place of Business, No 136 E. Biddle

Chas. Van Bibber M. D.
Medical Attendant.

Address, 49 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8920 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT JAN 31 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Abum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Proprietor of Restaurant.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 338 N. Broadway

Cause of Death, First (Primary), Cancer of Liver

Second (Immediate), Exhaustion

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 29/86

Undertaker, Chas S Fry

Place of Business, 41 N Broadway

H. H. White M. D.
Medical Attendant.

Address, 363 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89210 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27 Jan 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann E. Belt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt Co.

Duration of Residence in the City of Baltimore, 11 mos

Place of Death, {Give Street and Number.} 33 S. Fulton

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan. 29th 1884

Undertaker, John P. Sands

Place of Business, 61 Fred. Ave. *Address,* 534 W. Lexington St.

John Hood *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT JAN 29 1886 BALTIMORE, MD.

Permit No. 89211 *Office of Registrar of Vital Statistics.* Ward 11 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Wiz (Wise)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 33 E Chesapeake Alley

Cause of Death, First (Primary), Measles

Second (Immediate), Bronchitis

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 29th 2 P M

Undertaker, Julius Kahler

Place of Business, Cross & Sharp *Address,* 46 [illegible]

Andrew Cotton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

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4

Permit No. 89212 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hale

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 14 *Days*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 39 Oxford Street

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 28th 1886

Undertaker, Chas. T. Scrivener

Place of Business, 147 W. Lanvale Street *Address,* Camp 26 & R

James A. Steuart M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

J. W. Thomas
Low. Insp.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89213 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 27th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick Stockmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} Widower

Occupation, Fisherman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 584 Canton ave

Cause of Death, First (Primary), Bright Disease

Second (Immediate), ...

Duration of Last Sickness, One month & for several years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, Jan 29

Undertaker, W Dyer & Co

Place of Business, 151 E Balto St *Address,* 2 W Baltimore

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89214 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 26 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Kribs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 17 Arlington ave

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), Cardio-Renal Hemorrhage

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Mathew Cemetery

Date of Burial, January 28th 1886

Undertaker, Geh. Weber

Place of Business, 60 Greenmount Ave

Edward [illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89215 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 27 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Margaret Wirth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years or over

Place of Death, {Give Street and Number.} 47 Penna Ave,

Cause of Death, First (Primary), Double Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Janury 29

Undertaker, Jos H Cook

Place of Business, 707 Bottles

G F Horns M. D.
Medical Attendant.

Address, 193 Pressman

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89216 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 28 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 28 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gaughan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 112 Mosher st

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 112 Mosher st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters bent

Date of Burial, Jany 28/86

Undertaker, J. H. Gaughan & Co

Place of Business, *Address,*

J. J. Hurst M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89217

Office of Registrar of Vital Statistics.

Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTO. DEPARTMENT JAN 28 1886

a

CERTIFICATE OF DEATH.

Date of Death, Jan 27 "86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} {Parents' Name} Thomasena & Abraham McCoy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* ~~~ *Months,* 1 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 11 Hillen St

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 29/86

Undertaker, Abraham McCoy

Place of Business, 11 Hillen St *Address,* Same

James A Steuart M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Ex by

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Louis C. Fitzpatrick
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89218 *Office of Registrar of Vital Statistics.* Ward 2

HEALTH DEPARTMENT JAN 28 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Novak

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 4 Shakspeare Av

Cause of Death, First (Primary), Typhoid Malarial Fever

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, R C St Johns Cem

Date of Burial, Jan 29 86

Undertaker, Feb. Bros & Co's John H. Ribberger M. D.
Medical Attendant.

Place of Business, 215 S Paca St *Address,* 243 Alice Ann

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89219 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD JAN 28 18[illegible]

CERTIFICATE OF DEATH.

Date of Death, January 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Laurance Angerman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 20 *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 10 Mo 20 days.

Place of Death, {Give Street and Number.} 761 Saratoga Street

Cause of Death, First (Primary), Diphtheritic Croup.

Second (Immediate), Apnoea

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 29th 1886

Undertaker, John J Andrews

Place of Business, No 4 & 6 Druid Hill Ave

W. Wright M. D.

Medical Attendant.

Address, 221 N Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89220 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 6 Ramsay

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Jay 1886

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 134 Hanburg St

Cause of Death, First (Primary),

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Westfield

Date of Burial, January 29

Undertaker, B. Yates Co

Place of Business, 82 West Pr *Address,* 1168 Hanover

Edward Otto M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89221 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leah & John Franklin (Parents)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 9 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 4 Little Pine st

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 29th 1886

Undertaker, W N Dungee

Place of Business, East st

Samuel Adams M. D.
~~Medical Attendant.~~

Address, Cumb Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M M Rewen Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89422 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Katzenberger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 190 Division St

Cause of Death, First (Primary), Consequent on Diphtheria

Second (Immediate), Cardiac Paralysis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, January 30th 86

Undertaker, J. H. Bruns Jr. & Co. *Medical Attendant.* D. H. Miller M. D.

Place of Business, Penna Ave *Address,* 121 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 89223 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie Small

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 320 N Shriker St

Cause of Death, First (Primary), ...

Second (Immediate), Scarlet Fever

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loraine Cemetery

Date of Burial, Jany 29th 86

Undertaker, D E Runyan & Co

Place of Business, ... *Address,* 250 N Shriker St

W K Garner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8922 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 27th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie M Olwers

Sex, ~~Male,~~ or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} No 8 Wilson st

Cause of Death, First (Primary), Typhoid fever

Second (Immediate),

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 29/86.

Undertaker,

Place of Business,

J H Nelson M. D.
Medical Attendant.

Address, 812 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89225 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lee Parr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 3 *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 205 N Charles Street

Cause of Death, First (Primary), Supposed Eruptive Fever ?

Second (Immediate), Congestion of Base Brain, Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 29th 1886

Undertaker, Hugh Ellis & Son

Place of Business, Park Ave & Saratoga

A. J. Pue M. D.
Medical Attendant.

Address, 234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 89226 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 27, 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jane Elmer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 54 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Housework.

Birthplace, { State or country, and how long in the United States, if of foreign birth } Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 58 Division St

Cause of Death, First (Primary), Abdominal Abcess.

Second (Immediate), Asthenia.

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 29th 1886

Undertaker Saml W Chase

Place of Business, 128 S. Howard St *Address,*

Chas R Cummings M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89227 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St Vincents Asylum

Cause of Death, First (Primary), Marasmus

Second (Immediate), Ex —

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem Jan 29th 1886

Date of Burial, Jan 29th 86

Undertaker, Hammond Lobe

Place of Business, Division St.

Frank J Flannery M. D.
Medical Attendant.

Address, 404 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89248 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Rohnes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} 166 S Spring St

Cause of Death, First (Primary), ———

Second (Immediate), Consumption

Duration of Last Sickness About 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jany 30th 1886

Undertaker, M. Finck — James A Stewart M. D.

Medical Attendant

Place of Business, Bond St — *Address,* Same

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Louis A Holzapfel

Sanitary Inspector

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winifred Morgan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 81 Bank St

Cause of Death, {First (Primary,) Albuminuria

{Second (Immediate,)

Duration of Last Sickness, 2 or 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Jan. 30 1886

Undertaker, M. A. Dargan

Place of Business, 74 S Bway,

Geo W Hamill M. D.
Medical Attendant.

Address 377 North St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89230 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Benj'a & Harriet Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 1 *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 28 Ohio ave

Cause of Death, First (Primary),

Second (Immediate), Umbilical Hemorrhage

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, January 29 1886

James A Steuart M. D.
Medical Examiner

Undertaker, S. T. Ross

Place of Business, Little Paca & Conway *Address,* Eutaw & Pc

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Louis Mathias Sanitary Inspector

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8923 / *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Shnufer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 49 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Farmer formerly Laborer work Amongst Rags

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} 169 Sterling St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Pr. Cypress St

Date of Burial, June 30th 1886

Undertaker, Henry Locke

Place of Business, 209 E. Pratt St *Address,*

W. Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 89232 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 29 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Schwenker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 0 *Months,* 11 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, ~~Child~~ ✓

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and Number.} 254 N Central Av

Cause of Death, First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,) Convulsions ? Exhaustion

Duration of Last Sickness, 10 hours

All the above Information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Jan 31 1886

Undertaker, Henry Hoek

Place of Business, 809 N Eutaw St *Address,* 285 E Fayette St

B. F. Brook M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89233 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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CERTIFICATE OF DEATH.

Date of Death, Jan. 28th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Porter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, Bricklayer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tubercular Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, In Hospital 3 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, January 29th/86

Undertaker, M. Callaghan

Place of Business, 225 Hollins St *Address,*

R B Warfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8923

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 28. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schildinger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 48. *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single —

Occupation, Home widow.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 20 yrs. —

Place of Death, {Give Street and Number.} 156 Eastern Ave.

Cause of Death, First (Primary), Spinne affection - Neurosis.

Second (Immediate), Paralysis. —

Duration of Last Sickness, Confined to bed. 1 yr (invalid)

All the above information should be furnished by the Physician.

Place of Burial, M. E. Evangelical

Date of Burial, Jan 29 1886

Undertaker, H. C. Sanders & Son

Place of Business, 252 Caston Av. *Address,* 96. S. Ann St.

A. T. Gassmiller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89435 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 2 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Peters

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Artist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give Street and Number.} 133 Eastern ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Jan 5 1886

Undertaker, H. Sander & Son

Place of Business, 252 Eastern ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 8923[illegible] *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Grant

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore, Md

Duration of Residence in the City of Baltimore, About 10 years

Place of Death, {Give Street and Number.} 24 Leadenhall St

Cause of Death, First (Primary), Dysentary

Second (Immediate), Exhaustion

Duration of Last Sickness, About 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Jan 29 1886

Undertaker, H. Ross

Place of Business, 95 E. Pratt St. *Address,* Northern Precinct

J. W. White *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore. 16

Permit No. 89237 *Office of Registrar of Vital Statistics.* Ward 15th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Jan'y 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie E. McGee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months.* 24 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Atlantic city N.J.

Duration of Residence in the City of Baltimore, 1. 1. 24.

Place of Death, {Give Street and Number.} 17 Haw st

Cause of Death, First (Primary), Teeth

Second (Immediate), Spasms.

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, January 29 1886

Undertaker, H. Ross

Place of Business, 25 Lee Ave

R. C. Lee M. D.
Medical Attendant.

Address, Haw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89238 *Office of Registrar of Vital Statistics.* Ward 9 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1896.

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gottlieb Bender

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty-One *Years,* —— *Months,* —— *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Married

Occupation, Harness Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Sixty Three Years.

Place of Death, {Give Street and Number.} 862 Hanover Street

Cause of Death, First (Primary), Cirrhosis of Liver.

Second (Immediate), Asthenia

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Matthews

Date of Burial, Jan 31st

Undertaker, F. N. Zell.

Place of Business, 831 Hanover St. *Address,* 76 Columbia Av

J. S. Blum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89239 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James M. Ruth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 385 Eastern Ave.

Cause of Death, First (Primary), Enteritis

Second (Immediate), Peritonitis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 31st 1886

Undertaker, M. Coleman & Son

Place of Business, 92 O. Am

Edwin F. McDonnell M. D.
Medical Attendant.

Address, 419 East Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8912-40 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Uriah Wallace

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, Col.

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 23 Years.

Place of Death, {Give Street and Number.} No 23 Bolton Alley

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 29th 1886

Undertaker, W. H. Bishop Jr

Place of Business, 57 Druid Hill Ave

B. S. Titcomb M. D.
Medical Attendant.

Address, 616 W. Balto Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 89241 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1 Mo 28 " 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Hultz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Shoe Manufacturer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give street and Number.} 198 Madison Ave

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 3 years

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 30 " 1886 W. Riley M. D.,

Medical Attendant.

Undertaker, Wm J Tickner

Place of Business, 65 S Eutaw *Address,* 306 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89242 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany. 28th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis McLaughlin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* —— *Months,* —— *Days*

Color, Wht.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Store-keeper.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give Street and Number.} No. 28 Chestnut St.

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jany 30th.

Undertaker, Evans & Spence

Place of Business, 60 E Balto St *Address,* Corner Cent. Dist

Alexander Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Ward 11

Permit No. 89243 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jany 29/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} # 93 Orchard ft

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Jany 29/86

Undertaker, F. A. Kerchner

Place of Business, 25 Harlem Ave

James H Clemans M. D.
~~Medical Attendant~~

Address, Canton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

George E. Brown
Sanitary Inspector

Board of Health, City of Baltimore,

Permit No. 892,44 *Office of Registrar of Vital Statistics.* 18 8a

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, JAN 29 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 28 / 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw 5 L. Keys

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 27 *Days.*

Color, White —

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 128 S. Peter St.

Cause of Death, First, (Primary.) Measles

Second, (Immediate.) Bronchitis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Jany 29th 1886

Undertaker, Wm J. Fickner

Place of Business, 65 S. Eutaw St *Address,* 106 Col. Ave

R. C. Smith *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 89245 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Gottlieb Juruntoff

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* 9 *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Yrs

Place of Death, {Give Street and Number.} 18 Johnson Av

Cause of Death, First (Primary), Neuralgic Rheumatism

Second (Immediate), Paralysis of Heart 6 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 31st 1886

Undertaker, Chrstn Denny

Place of Business, 268 Light St *Address,* 50 Warren Av

H. B. Noble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89246 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1886 BALTIMORE MD.

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CERTIFICATE OF DEATH.

Date of Death, ~~Orville Howard~~ Jany 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Orville Howard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... Five *Months,* ..... *Days*

Color, ... white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Phila^{a}

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} N & C. Hospital

Cause of Death, First (Primary), Cerebral Trouble, Convulsions

Second (Immediate), Anemia &c

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 29

Undertaker, C. M. Hazard

Place of Business, 251 Penna Ave

T. A Ashby M. D.
Medical Attendant.

Address, 318 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or singie) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89247 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 29 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Herzinger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 1. S. Eden st

Cause of Death, First (Primary), Pseudo Membranous Croup

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 30 - 86

Undertaker, Henry McGinnis

Place of Business, 8 N Central Ave *Address,* 22 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 89248 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 29. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Deaing 2

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 19. *Years,* 6. *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 84 Wilhelm St.

Cause of Death, First (Primary), Puerperal Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltin Cemitary

Date of Burial, Jan 31st 1886

Undertaker, Jas. B. Cook

Place of Business, W. Balto St

C. R. Wilson M. D.
Medical Attendant.

Address, 83 W. Ratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89249 *Office of Registrar of Vital Statistics* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 29 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Frederick Walker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 1 *Months,* 14 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 332 McElderry

Cause of Death, First (Primary), Syphilis Jaundice

Second (Immediate), Great Anaemia, Heart Failure — Epistaxis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 30 86

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave *Address,* Arlington Md

Charles E. Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89250 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 29 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherin Dressel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* — *Months,* — *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Tailoress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 14 Eutaw Alley

Cause of Death, First (Primary), Pneumonia Tuberculous

Second (Immediate), Prostration

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 30 / 86

Undertaker, A Rosenberger

Place of Business, 70 Mulberry St

C. D. Buddenbohm M. D.
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 89257 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1889 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Brady

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Between ~~Years~~ 50 & 60 years *Months,* dont know *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Labrer B & O R.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore 20 yrs

Place of Death, {Give street and Number.} 357 Eden ad

Cause of Death. First (Primary), Pleuro Pneumonia

Second (Immediate), Heart failure. Exhaustion

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 30th

Undertaker Daniel Flynn

Place of Business, 109 West St *Address,* 144 Hanover St

Geo W. Dixon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 89253 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 28 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin M Paul

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 55-8 Penna Ave

Cause of Death, First (Primary), Croup Bronchs Pneumonia

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 30 86

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave *Address,*

[signature] *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89253 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jany. 29 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Hascket

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 100 *Years,* — *Months,* — *Days*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Dish-washer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 23 yrs.

Place of Death, {Give Street and Number.} No. 2 College Alley

Cause of Death, First (Primary), Apoplexy

Second (Immediate), —

Duration of Last Sickness, Instant death.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 30/86

Undertaker, Wm L Gray

Place of Business, 65 Mullen

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89252 *Office of Registrar of Vital Statistics.* Ward 67

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 29th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Simond

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York.

Duration of Residence in the City of Baltimore, 2 Years —

Place of Death, {Give Street and Number.} 205 Orleans St

Cause of Death, First (Primary), Pneumonia —

Second (Immediate), —

Duration of Last Sickness, 6 Days —

All the above information should be furnished by the Physician.

Place of Burial, Ohev Sholom Cemetery

Date of Burial, January 31st 1886

Undertaker, Evans & Spence

Place of Business, 60 E Balt St. *Address,* 137 Orleans St

A. A. Gupt. *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89255 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 28th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days*

Color, ed

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 3 Amity St Court

Cause of Death, First (Primary), Teething

Second (Immediate), Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 31/86

Undertaker, W. V. Dunges

Place of Business, East St *Address,* Conv 126 & 128

Thos A Ellers M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo. E Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8925 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Fleckenstein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* — *Months,* — *Day*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} 20. S. Castle St

Cause of Death, First (Primary), Acute Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Jan 31 st 86

Undertaker, J. G. Francis

Place of Business, 5 Paca & Wolfe Sts

T. O. Sloan M. D.
Medical Attendant.

Address, 101 Eager & Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 8925 Office of Registrar of Vital Statistics. Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 30 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Lee

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* 2 *Months,* 13 *Days,*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland √

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 3 Patterson Ave

Cause of Death, First (Primary), Cyanosis

Second (Immediate), Exhaustion

Duration of Last Sickness, abt 1½ year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Jan 31 /86

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address,* 386 Dividend Ave

A. Tinsley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89258 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT JAN 30 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fritz Strodtman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months.* *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give Street and Number.} 366 Aisquith St

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, January 31, 1886

Undertaker, Henry Koch

Place of Business, 309 N. Central ave *Address,* 192 E. Monument St

Irving Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians are respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89459 *Office of Registrar of Vital Statistics.* Ward 5-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 29 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza R. O'Brien

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 70 *Years,* 9 *Months.* 23 *Days*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 199 East Monument St.

Cause of Death, First (Primary), Cerebral congestion.

Second (Immediate), Possibly paralysis of brain from blood pressure

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Feb. 1. 1885

Undertaker, Wm. H. Heckman

Place of Business, 234 N. Gay St.

Irving Miller M. D.
Medical Attendant.

Address, 179 East Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8926O *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 30 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Hostman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cigar Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 159 East — S —

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate), asthenia

Duration of Last Sickness, about 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 1st 1886

Undertaker, John Hennig

Place of Business, 382 Orleans *Address,* 1034 E. Balto St

Dr Streett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific

Board of Health, City of Baltimore.

Permit No. 89261 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

PEABODY LIBRARY JAN 30 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jany 29. 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Patterson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* 6 *Months,* — *Days,*

Color, Color

Married, Single, Widow or Widower, { Cross out the word not required in this line. } √

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 37 St Paul St

Cause of Death, First (Primary),

Second (Immediate), Scrofula

Duration of Last Sickness, 6 Mos

All the above information should be furnished by the Physician.

Place of Burial New Cathedral

Date of Burial, Jany 30 1886

Undertaker M. A. Sisson

Place of Business Health Dept

Thos. J. Vance M. D.
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 89262

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89262 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 30 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & Wm Heninger (Parents)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ ½ Hour ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 220 E Chase st

Cause of Death, First (Primary), Premature Birth (7 Months)

Second (Immediate), Asthenia

Duration of Last Sickness, ~~

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Jan 30th 1886

James A Clemens M. D.
~~Medical Attendant.~~

Undertaker, A. Rosenberger

Place of Business, 70 Mulberry st *Address,* Comm'rs & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M McKeown Sanitary Inspector

[OVER.]

No. 89263

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89263 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Bordley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* ..... *Months,* ..... *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farm Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} 445 Division St.

Cause of Death, First (Primary), Abscess of the Lungs.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Jan 31st 1886

Undertaker, Alex Hendley

Place of Business, 116 Orchard *Address,* .....

H. H. Ricketts *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physician is respectfully invited to the Notice Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8926 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany. 30 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Victoria Horner

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Chester Pennsylvania

Duration of Residence in the City of Baltimore, 3 Mos.

Place of Death, {Give street and number.} 110 Shields Alley

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Albuminuria

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Shars Ln

Date of Burial, Jan 31st 1886

Undertaker, Edw Hussey

Place of Business, 1 Mulberry

R. Gray Smith *M. D.,* Medical Attendant.

Address, 834 Green st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 8926 5

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8926 5 — *Office of Registrar of Vital Statistics.* — Ward 7½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Slater

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 6 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 29 N. Amity St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 30th

Undertaker, H. C. Wisdufeld

Place of Business, 90 Greenmount Ave

J. W. Slater M. D.
Medical Attendant.

Address, 29 N. Amity St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89266 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalene S. Schoor.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 6 *Years,* 1 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 126 So Castle St

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery.

Date of Burial, Jan 31st 1886

Undertaker, Wm A Nicolaus

Place of Business, 258 Alice Ave.

I H Lemmon M. D.
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89267 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Martin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give Street and Number.} 93 Lee St.

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, 6 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 31st 1885

Undertaker, Samuel M. Shane

Place of Business, 98 E. Howard St

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7260

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89268 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 30 1886
BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, January 29. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Nelson Roby

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* 3 *Months,* 19 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Montgomery Co. Md

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give Street and Number.} 108 S. Fremont Ave

Cause of Death, First (Primary), Senility -

Second (Immediate), Chronic Dysentery 2 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Prince Geo. Co.

Date of Burial, Jan 31/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 707 W Fayette

Geo. L. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Transit 1027

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89269 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Spearman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 40 Barney

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 1st 1886

Undertaker, Wm Loudagan

Place of Business, 127 Mulberry

Edwd J. Nicholson M. D.
Medical Attendant.

Address, 253 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89270 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 28 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie J. Lilly

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} South

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 275 Sharp St.

Cause of Death, First (Primary),

Second (Immediate), Meningitis Tuberculous

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Stephanius Cem

Date of Burial, Jan 31 St 1886 Howard Dr Co M. D.

Undertaker, Julius Koehler Medical Attendant.

Place of Business, Sharp & Cross Sts. *Address,* 446 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 8927

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8927 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1886 BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, January 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Geesman

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 28 *Years,* 1 *Months,* 26 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cigar Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 23 Stockholm St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 2 Th 1886

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 15 Hanover St

I. C. Burch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89272

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89274 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JAN 30 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Crowley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No. 9 Getz Ave.

Cause of Death, First (Primary),

Second (Immediate), Tubercular Meningitis

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 31 st

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,*

Jno. Brooke Bayne M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19273 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 31 1936 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Suffered to be Jan 25 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebeka Fowler

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Seine Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 192 S Caroline St

Cause of Death, First (Primary), Heart trouble

Second (Immediate),

Duration of Last Sickness, Not Known

All the above information should be furnished by the Physician.

Place of Burial, Old M. E. Com.

Date of Burial, Jan 31st 86

Undertaker, G. Franck

Place of Business, Bank & Wolfe Co, *Address,* 101 N Broadway

Hall Pullen M. D.
Medical ~~Attendant~~ Coroner

Extract from Regulations of the Board of Heaith to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as me can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause te of death. [OVER.]

No. 8 9274

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89274 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Kunigunda Stiefenhofer

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* 1 *Months,* 17 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 103 N. Chapel st.

Cause of Death, First (Primary), Pertussis

Second (Immediate), ...

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Jan 31 86

Undertaker, J. G. France

Place of Business, Bank & Wolfe *Address,* 325 E. Balto. st.

J. S. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 89275 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sales.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 89 *Years,* — *Months,* — *Days,*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 114 Stirling St.

Cause of Death, First, (Primary,) Indigestion & Exposure

Second, (Immediate,) Pneumonia & Exhaustion

Duration of Last Sickness, about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial Lowell Cemetery

Date of Burial. Jan 31st 1886

Undertaker, Tom W Madden

Place of Business, 46 East St

J. E. Heard — M. D.,
Medical Attendant.

Address, 376 E. Monument St.

HEALTH DEPT. OF 31 1886 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89276 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under peralty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Shepherd, Dr Samuel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 338 N Durham St

Cause of Death, First (Primary), Acute Enteritis

Second (Immediate),

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Federal cemetery

Date of Burial, Jan 31st 1886

Undertaker, Wm A Bunge

Place of Business, 62 East St

H. L. Randt M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 1227

Health Department, City of Baltimore.

Permit No. 87277

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evelina Gibson

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 15 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 24 Pinkney Place

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Washington D C

Date of Burial, Feb 1st 1886

Undertaker, L B Cook

Place of Business, 707 W Balto St

James H Stevens M. D.

~~Medical Attendant.~~

Address, Camp 16 & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M McKewen San Insp Transit # 4028

[over.]

No. 89278

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89278 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Donovan

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 71 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widower

Occupation, Lamplighter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} Rachert near Nicholson & Lower Pont

Cause of Death, First (Primary), Anasarca

Second (Immediate), ...

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Jan 31st 86

Undertaker, Daniel Flynn

Place of Business, 109 West St

P. G. Lauch M. D.
Medical Attendant.

Address, 325 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 0 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84279 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Edward Rapp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1607 Hudson St.

Cause of Death, {First (Primary), Erysipelas

Second (Immediate), 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, Feby 1st 1886

Undertaker, H. C. Hooper & Son

Place of Business, 252 Lanvale

E. J. Cullen, M. D.
Medical Attendant

Address, 33 Edmondson Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 092

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 1310

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 31 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Flora Cohen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 354 Lexington St.

Cause of Death, First (Primary,) Endo & peri-Carditis

Second (Immediate,) Right lobar pneumonia

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Chem Shalom Cemetery

Date of Burial, Jany 31st 1886

W. T. Howard M. D.
Medical Attendant.

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave *Address* 181 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89281 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Finnan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Don't know

Place of Death, {Give Street and Number.} 120 Hartford Ave

Cause of Death, First (Primary),

Second (Immediate), Fatty degeneration of heart

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 1 st

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmt Ave *Address,*

Chas Burke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 89282 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 31 1886 BALTIMORE

Date of Death, January 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Aglar

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 *Years,* 10 *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Restaurant Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and Number.} 238 E. Pratt St

Cause of Death, First (Primary), Dementia with

Second (Immediate), supposed Atrophy of Brain

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Jew Cemetery Blair Road

Date of Burial, January 31st 1886

Undertaker Denny & Mitchell

Place of Business, 66 & Broadway *Address,* 88 E Baltimore

D W Culan *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89283 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas W. Skinner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 8 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, XXX

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1425 S. Bond

Cause of Death, First (Primary), Meningitis

Second (Immediate), Catharhal Fever

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, 1st February

James E. Donnelly M. D.
Medical Attendant.

Undertaker, W. Dippel

Place of Business, 751 S. Bond. *Address,* 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1720

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89284 *Office of Registrar of Vital Statistics.* Ward 3 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD. 1886

CERTIFICATE OF DEATH.

Date of Death, Jan. 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Dietrich ~~Dietrich~~

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 98 N. Spring

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 3d 1886

Undertaker, Henry Hoeck

Place of Business, 309 N. Central ave

E. B. Fenby, M. D.
Medical Attendant.

Address, 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89285 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Dougherty

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 7 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 137 Mulliken St.

Cause of Death, First (Primary), Pulmonary Catarrh

Second (Immediate), —

Duration of Last Sickness, Feeble from birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 1st 1886

Undertaker, Wm J Schaeffer

Place of Business, 5. S. Front St

R. W. Cathell, M. D.
Medical Attendant.

Address, 21 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 89286 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 1 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavina Ford

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days,*

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and Number.} 13 L. Pine St

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 6 to 8 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 1st 1886

Undertaker Alex Hamilton

Place of Business, 116 Orchard

E Livingood M. D.
Medical Attendant.

Address, 152½ N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89287 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 31 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V Frenck

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Georgetown D.C. U.S.A.

Duration of Residence in the City of Baltimore, Nearly Nine years.

Place of Death, {Give Street and Number.} 481 W Lombard St

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion.

Duration of Last Sickness, 5 Years since the last 3 weeks, She has been under Dr Smith's care.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feb. 2 1886

Undertaker, J. B. Cook

Place of Business, 704 W Balto St *Address,* 645 W Lombard St

H. H. Goodman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89288 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Grace Baron

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~——~~ *Years,* [illegible]16 *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give Street and Number.} 501 Lexington St

Cause of Death, First (Primary), Imperfect closure of Foramen Ovale

Second (Immediate), Convulsions —

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feb 1st

Undertaker, Joseph H Cook

Place of Business, 707 W Baltimore

Thomas Opie M. D.
Medical Attendant.

Address, 179 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 89289 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E Smith

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 9 *Years,* — *Months.* 17 *Days*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 19 Elbow Lane

Cause of Death, First (Primary), Tabes Mesenterica

Second (Immediate), Inanition

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 1 1886

Undertaker, H. Ross

Place of Business, 95 East Fayette St

C. W. Colburn M. D.
Medical Attendant.

Address, 343 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89290 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, January 31 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah Burke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 7 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Canton

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give Street and Number.} 5 X alley

Cause of Death, First (Primary), ———

Second (Immediate), Asthenia

Duration of Last Sickness, 6 Days

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, February 1 1886

Undertaker, H. Ross

Place of Business, 95 Low West St

Jno A Blume M. D.
Medical Attendant.

Address, 158 S Paca ss

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89291 *Office of Registrar of Vital Statistics.* Ward 9 F

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 1886 - 11th P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Evelina A. Sandford

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months.* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give Street and Number.} 55 Lexington St.

Cause of Death, First (Primary), Fall on ice, - Fracture of neck of femur & Concussion of brain

Second (Immediate), Cerebral effusion

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Va

Date of Burial, Feb. 2/86.

Undertaker, H. W. JENKINS & SONS

Place of Business, UNDERTAKERS Park & Saratoga Sts.

Clark Van Bibber M. D.
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Special

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89292 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friderike Rich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* — *Months,* 25 *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give Street and Number.} ~~125 Calvert st~~ Corp of St Peters Alley

Cause of Death, First (Primary), Cancer of Throat

Second (Immediate), Prostration

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, February 2nd

Undertaker, John A. Pasteur

Place of Business 166 Fred. Av *Address,* 166 S. Paca St.

R. L. Buddenbohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89293 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial, can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 31 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give Street and Number.} 45 Davis alley

Cause of Death, First (Primary), Convulsions

Second (Immediate), Apnoea

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurelton Park

Date of Burial, February 1

Undertaker, B. Hall

Place of Business, 82 West St

R. M. Cook M. D.
Medical Attendant.

Address, 713 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8929 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE, MD.

60

CERTIFICATE OF DEATH.

Date of Death, January 31, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gudbrlet

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twelve *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} No. 506 Aisquith Street

Cause of Death, First (Primary), ...

Second (Immediate), Abscess of Abdomen

Duration of Last Sickness, Don't Know

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem'y

Date of Burial, Febr 2, 1886

Undertaker, Henry Roach

Place of Business, 309 N. Central ave Address, 529 Harford ave

Geo. A. Elwell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8925 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 1 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 29. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ely Lathe

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 12 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ ✓

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt Md Life

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 33 Lafayette St

Cause of Death, First (Primary), Valv. Dis. Heart

Second (Immediate), Pneumonia

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 1st 1886

Undertaker, S. M. Leonard & Son

Place of Business, 702 W. Baltimore *Address,* 38 W. Lombard

H. L. Lucas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Th[illegible] Special Attention of Physicians is respectfully directed to the Sections below, and to Rules of Diseases of Birth &c.

Board of Health, City of Baltimore,

Permit No. 89296 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, Jany 31 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Bayley

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days,*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 165 Chestnut St

Cause of Death, First, (Primary,) Natural Causes

Second, (Immediate,)

Duration of Last Sickness, 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 2nd

Undertaker, Geo Schilling

Place of Business, ~~Ashland Square~~

David V. Moyer M. D.,
Medical Attendant.

Address, 192 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89297 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 31st 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Tombaillie

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, for the first years

Place of Death, {Give Street and Number.} Mercy Hospital

Cause of Death, First (Primary), Tuberculosis - Pneumonia,

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 2. 86

Undertaker, Andrew Knell

Place of Business, 206 Columbia ave *Address,* W. N.

R. B. Warfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 89298 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 30th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Waldron

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* 6 *Months,* 21 *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 5 Myrtle Av.

Cause of Death, First (Primary), Albuminuria & Mitral Insufficiency.

Second (Immediate), Uremia

Duration of Last Sickness, about one Year

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 1 86

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

Louis Ch Horn M. D.
Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 8929 *Office of Registrar of Vital Statistics.* Ward 1 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John D. Wood

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 32 *Years,* —— *Months,* —— *Days*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Blacksmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give Street and Number.} 276 Bank Street

Cause of Death,
First (Primary), Cirhosis of Liver
Second (Immediate), Ascites & General Dropsy

Duration of Last Sickness, Do not know as I was called in 3 days before death

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, February 2nd 1886 Thos L. Shearer M. D.
Medical Attendant.

Undertaker, Dunlap & Mitchell

Place of Business, 65 S Broadway *Address,* 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 87300 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Saturday Jan 30th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeffers m Harris

Sex, Male or Female, {Cross out the word not required in this line} Male

Age, 30 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line} Married.

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 11 Years.

Place of Death, {Give Street and Number.} 92 N. Spring St.

Cause of Death, First (Primary), Dilated Heart with Anuria of Mitral Valve.

Second (Immediate), Ascites, Congestion of lungs, Exhaustion.

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Feb 1st 1886

Undertaker, Wm L Dungee

Place of Business, 62 East St

Wilmer Smith M. D.
Medical Attendant.

Address, Lanvale & Howard Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

89301

Date of Death. Jan. 31st 1886

Name of Deceased. Gustav Adolph. Schuh

Sex. Male

Age. 4 years. 1 mo. 19 da.

White

HEALTH DEPARTMENT,
FEB 1 1886
BALTIMORE, MD.

Birthplace Pittsburgh Pa.

Duration of Residence in B.C. 10 months.

Place of Death. 509 Pratt St. (west.

Cause of Death. Croup

Duration of Last Sickness 3 days.

Undertaker Geo. Deinbach
Address 389 W. Pratt St.
Place of Burial Western Cemetery
Time Feb 1st 1886

Medical Attendant H. W. Webner M.D.
Address. 298 W. Lombard St. Baltimore

Will Am out of Blanks will Call for Some tomorrow H. W. W.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 89302 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie L. Landers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 1 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 251 E. Chester St.

Cause of Death, First (Primary), Pertussis

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Feby 1st 1886

Undertaker, H. C. Sanders & Son

Place of Business, 252 Caroline St. *Address,*

Louis F. Rehn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 89303 — *Office of Registrar of Vital Statistics.* Ward 5th

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan M. Floyd

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* ——— *Months,* ——— *Days*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md.

Duration of Residence in the City of Baltimore, 10 yrs or

Place of Death, {Give Street and Number.} 211 E. Madison St

Cause of Death, First (Primary), Natural

Second (Immediate), Paralysis

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Howard Co. Md. 6:2

Date of Burial, Feb. 1 1886 L. K. Wiley M. D.

Undertaker, Henry McGinnis Medical Attendant.

Place of Business, 421 N. Eutaw Address, 195 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 89304 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 30 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Mc Garry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Mill

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 7 Yrs

Place of Death, {Give Street and Number.} 197 Chestnut St

Cause of Death, First (Primary), Pulmonalis Asthenia

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cy

Date of Burial, Feb 1st 1886

Undertaker, Jas C Byrne

Place of Business, 63 N Fremont *Address,* 143 E. Lexington

D Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 89305 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian E. Hall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, 6 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 264 Croft St

Cause of Death, First (Primary), Dentition

Second (Immediate), Spasms

Duration of Last Sickness, 3 Day

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Feb 3/1886

Undertaker, [illegible]

Place of Business, 263 Light

J. B. Noble M. D.
Medical Attendant.

Address, 88 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 89306 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sunday January 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Fredrick Joehnecke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Non

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} Cor Lancaster & Grove Sts

Cause of Death, First (Primary), Parotitis

Second (Immediate), Convulsion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 2 February 1886

Undertaker, Gobel & Kruhl

Place of Business, 260 Aisquith

J. E. Friehard M. D.
Medical Attendant.

Address, 280 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 0

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C

Health Department, City of Baltimore.

Permit No. 89307 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 30th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Simon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give Street and Number.} # 311 N. Pratt St

Cause of Death, First (Primary), Hemiplegia

Second (Immediate), Collapse

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, N. Alphonso

Date of Burial, Feb. 2 1886

Undertaker, A. Rosenberger

Place of Business, 7 N. Sunderland Address, 166 S. Paca St

C. L. Buddenbohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ce

Health Department, City of Baltimore.

Permit No. 89308 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1936 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary S. Langley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Burns of body and thighs

Second (Immédiate), Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Cemetery

Date of Burial, Feb 2nd

Undertaker, Geo Schilling

Place of Business, Ash and Bayard Ave

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 89309 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo Anderson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, About 50 *Years,* ..... *Months,* ..... *Days*

Color, Black.

Married, ~~*Single,*~~ ~~*Widow,*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Dont now

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 78 Bethel St (S:)

Cause of Death, First (Primary), Emphysema

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 Month

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetary

Date of Burial, Feb 1st 1886

Undertaker, John E Grace

Place of Business, S. Caroline St. 142. *Address,* Cor Gough & Eden St

John A Schultz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 89310 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 1 1936 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, January 31 1936

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Mc Holzer

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 1 *Years,* 3 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md 7o Mmon 21

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} No 514 N Fremont St.

Cause of Death, First (Primary), General Malaise

Second (Immediate), ...

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Leeder Hill Cemetery

Date of Burial, Feb 2

Undertaker, Walter Immel

Place of Business, 316 N Bidle St

Medical Attendant. Wm J Howell M. D.

Address, Corner Carey & Preston

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 89311 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH. 77

Date of Death, Jany 30/86

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Clara Frantz

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ~~—~~ *Years,* 6 *Months,* ~~—~~ *Days,*

Color, Color

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 57 St Paul St

Cause of Death, First (Primary), Pertusis

Second (Immediate), Convulsions

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 1st 1886

Undertaker W. A. Sisson

Place of Business, Health Office

Thos. J Ware M. D.
Medical Attendant.

Address, 112 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 89312 *Office of Registrar of Vital Statistics.* Ward ~~3~~

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Hanna Brown (Parents)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 121 S Wolfe St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore county

Date of Burial Feb 1st 1886

Undertaker James Brown

Place of Business 121 S Wolfe St

James A Steuart M. D.

Medical Attendant.

Address, Conway & Rc

Attended by Coroner Lehnert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, race, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 89313 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Hartman Infant Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 *Day*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} No 221 E. Madison

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 221 E Madison

Cause of Death, First (Primary), Phlegm

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, H. Fells Point M. E. Cemetery

Date of Burial, February 1st 1886.

Undertaker, Evans & Spence

Place of Business, 60 E Balto St.

C. Ridgway Andre M. D.
Medical Attendant.

Address, No 121 E. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

Permit No. 8931 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. Barry.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, ... *Years,* ..... *Months,* 12 hours ~~*Days,*~~

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} —

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 86 N. Poppleton St.

Cause of Death. First (Primary), Premature birth

Second (Immediate), " "

Duration of Last Sickness, — —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 1st 1886

Undertaker Henry H. Sears

Place of Business, 33 W. Fayette St. *Address,* 164 N. Carrollton Av.

John D. Remington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 89315 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Horace Melton Benson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, X *Years,* X 2 *Months,* 4 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} √

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 213 Edmondson Ave Balto

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 213 Edmondson Ave

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) Convulsions

Duration of Last Sickness, Feeble all his life - ill a week

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Cem.

Date of Burial, Feb. 2/1886

Undertaker, J. B. Cook

Place of Business, 707 W. Balto *Address,* 317 Madison Ave

Dr. Casey Thomas M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 89316 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 1st, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Koppelman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* 2 *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore 52 years.

Place of Death, {Give Street and Number.} 242 Lanvale St.

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness, about 30 hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Febr 3. 1886

Undertaker, L. Lewis Schaefer

Place of Business, 109 N Presto *Address,* 95 Park Ave

A. R. Erich *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 8931 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

Date of Death, January 31/86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jamie Wenk

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} -

Age, 3 *Years,* 10 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 239 n Central ave

Cause of Death, First (Primary) pseudo membranous croup

Second (Immediate) asphyxia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Fell Point Cemetery

Date of Burial, February 2

Undertaker Lucas Ahrens

Place of Business, 28 High St *Address,* 93 Valley st

F. O. Wanner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1...

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 89318 *Office of Registrar of Vital Statistics.* Ward 1 11 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 31. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Harriet Ann Lewis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co

Duration of Residence in the City of Baltimore, sixty-six years

Place of Death, {Give Street and Number.} 36 S. Chester St.

Cause of Death, First (Primary), Carcinoma of Breast

Second (Immediate), Pneumonia

Duration of Last Sickness, six months "

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 3d 86

Undertaker, Chas S. Fry

Place of Business, 51 W Broadway

C. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Bank...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 89317 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 1/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma J Howard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 562 Carey

Cause of Death, First (Primary), "

Second (Immediate), Diphtheria

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Olivet

Date of Burial, Feb 2 1884

Undertaker, John S Mach

Place of Business, Camden St *Address,* 158 Paca

Jas W Black M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 89320 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CHARITY HOSPITAL
FEB 2 1889
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Kaufman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 9 *Months,* *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 289 Lexington St

Cause of Death, First (Primary),

Second (Immediate), Measles

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, February 2

Undertaker, Lothrop

Place of Business, 28 Eighth *Address,* 2 Cathedral St

H. Mathias M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Board of Health, City of Baltimore,

Permit No. 8932 *Office of Registrar of Vital Statistics.* Ward. 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT FEB 2 1886 BALTIMORE, MD

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 29 Feby 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm R Bodie

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Plumber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland Came 1876

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 226 N Gilton Ave

Cause of death, First, (Primary,) Congestion Brain

Second, (Immediate,)

Duration of Last Sickness, 48 hrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feby 4

Undertaker, Lorelle B Cook

Place of Business, 707 W B Cook

Geo N Lynch M. D., Medical Attendant.

Address, 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 89[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89324 *Office of Registrar of Vital Statistics,* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb. 1 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. H. Watson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* —— *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion

Duration of Last Sickness, 40 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Feb 2nd 1886

Undertaker, Harwood Lake

Place of Business, Division St

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89323 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 2 1886
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Meins and Rose Meins Twins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 69 Portland Pl

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} 69 Portland Pl

Cause of Death, First (Primary), Non-closure of foramen ovale

Second (Immediate),

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 3rd 1886

Undertaker, M. Cadogan

Place of Business, Myrtle Ave & Mulberry St. *Address,* 202 W. Lombard

H. Walls, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 17

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89324 *Office of Registrar of Vital Statistics.* Ward 6 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 2 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 30th '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. County

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} Hal.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 2d

Undertaker, John E Grace

Place of Business, 1 Caroline St 42 *Address,* 283 N. Eden St.

E. B. Fenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 89325 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Febr. 1st, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherina Stirk

Sex, ~~*Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, twenty years.

Place of Death, {Give Street and Number.} 37 N. Lombard St.,

Cause of Death, First (Primary), ...

Second (Immediate), Abdominal Carcinoma

Duration of Last Sickness, 2 or 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 3th

Undertaker, John Paules

Place of Business, Frederick Road Address, 95 Park Ave.

A. H. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89326 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 31/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Anderson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give Street and Number.} 37th & Cross St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 2 1886 Carl Boyce M. D.

Medical Attendant.

Undertaker, H Ross

Place of Business, 95 Eon Ways Ave *Address,* 77 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8932 7 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 1st, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Pratt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 hours. *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} H 186 S. Bethel St.

Cause of Death, First (Primary), Syphilis

Second (Immediate), Premature Birth (8 mos.)

Duration of Last Sickness, 2 hours.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Feb 2d

Undertaker, Wm E Grace

Place of Business, Carolines st. 142

John H. Rehburg M. D.
Medical Attendant.

Address, 243 Aliceanna st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89328 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. FEB 2 188[illegible] BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Lo Bromble

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 14 *Years,* 1 *Months,* 27 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore "

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 62 S. Eden St

Cause of Death, First (Primary), Tabes Mesenterica

Second (Immediate), Prostration & Emaciation

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 3d 1886

Undertaker, Henry W. Means

Place of Business, 22 W. Fayette

J. W. J. Englar M. D.
Medical Attendant.

Address, 394 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 12

Permit No. 89529 *Office of Registrar of Vital Statistics.* Ward 11 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta and John Huck {Christian / Name}

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, ~~Months~~, 1 Day

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 263 Preston St

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 3"86

Undertaker, Leo Latrina

Place of Business, Penn ave

James A Steuart M. D.
~~Medical Attendant.~~

Address, Camp & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Jas P. Fitzpatrick
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89330 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* thereafter the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Lauder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Commission Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 422 E. Baltimore St.

Cause of Death, First (Primary), Chronic Albuminuria Kidneys

Second (Immediate), Chronic Pneumonia

Duration of Last Sickness, 12 days.

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, February 3rd 1886

Undertaker, M. A. Daiger Attorney

Place of Business, 74 S. Bury *Address,* 52 Aisquith St

Edward F. Wedt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 8933

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8933 / *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Warnecke

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* 1 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Streot and Number.} 63 Boyd St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brea

Date of Burial, Feb 4th

Undertaker, John J Cowan

Place of Business, 89 Hollins St

Frances A Lauer M. D.
Medical Attendant.

Address, 105 W. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 12

Permit No. 89332 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 2 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 1st, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lucas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 10 Walnut alley

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 2/3/86

Undertaker, Morgan & Pyer

Place of Business, 9 Mulberry St

Geo. A. Fleming M. D.
Medical Attendant.

Address, Franklin & Greene Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89333 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feby 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gillan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower {Cross out the words not required in this line.} S

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 143 N Front

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Mary Govenstown

Date of Burial, Feb 3. 1886

Undertaker, Wm J. Schaffer

Place of Business, 5 S. Front St

Geo Knudsen M. D.
Medical Attendant.

Address, 121 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 8933 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillip S. 2. Billups

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months,* ..... *Days*

Color, Colrd

~~Married~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 1 Iron alley

Cause of Death, First (Primary), Cremation

Second (Immediate), Cremation

Duration of Last Sickness, 2 ½ hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel cem

Date of Burial, Feb 4th 3.

Undertaker, W. Klotkamp Jr.

Place of Business, 253 E Lombard *Address,* 1 S. Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89335 *Office of Registrar of Vital Statistics,* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 3 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, July 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lynch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 109 Elliott St

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem'y

Date of Burial, July 26th 1886

James A Lewis M. D.

Undertaker, Gorsuch & France

~~Medical Attendant.~~

Place of Business, Park & Wolfe *Address,* Camp 16 & 18

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in tho said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Saml A Lewis to Sanitary Inspector

No. 1 7 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89336 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 1/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give Street and Number.} 195 E. Pre-

Cause of Death, First (Primary), Metalocia (delivered by Craniotomy)

Second (Immediate), Asthenia

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Febuary 3

Undertaker, John E. Grace

Place of Business, Caroline N 142

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 89337 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Monday Feb 1 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Catherine Conkling

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months.* ..... *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 124 N Washington St

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, About a month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 3 d 1886

Undertaker John Herwig

Place of Business, 382 Orleans St *Address,* Cor Bond & Barnes

J. B. Schwatka M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ath, except in cases of births and deaths of illegitimate children.

[over]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89338 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 29 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kaiser Koctzi

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Corner Hampstead & N. Bond

Cause of Death, First (Primary), Phimosis Gangrenous

Second (Immediate), Marasmus

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Feb 31 to 1886

Undertaker, John Henning

Place of Business, 382 Columbus St *Address,* 245 E. Belvidere St.

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C[ard]

Health Department, City of Baltimore.

Permit No. 89339 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2-'86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wisling

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* 4 *Months,* 12 *Days*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 178 Burgundy al

Cause of Death, First (Primary),

Second (Immediate), Neuralgia of Stomach

Duration of Last Sickness, 15 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Feby 4" 1886

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St *Address,* 359 Barre st

J. Ellis Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 0 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8734 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 2 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Grossman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 2 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, {Give Street and Number.} 27 Burroughs Ave

Cause of Death, First (Primary), Phthisis

Second (Immediate), Spasm

Duration of Last Sickness, 6 wks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, February 4

Undertaker, B. Hall

Place of Business, 82 West Pratt

R. A. Ellis M. D.
Medical Attendant.

Address, 213 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89341 *Office of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Thos Parks.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 28 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 28 days

Place of Death, {Give Street and Number.} 268 Fort Avenue

Cause of Death, First (Primary), Pneumonia Lobar

Second (Immediate), Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 5th/86

Undertaker, Daniel Flynn

Place of Business, 109 West St

Geo. Bell M. D.

~~Medical Attendant.~~

Address, 161 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 0

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

Health Department, City of Baltimore.

Permit No. 8934 *Office of Registrar of Vital Statistics* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Tuesday Feb. 2nd. "86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Owen Mathews

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 79 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 130 N. Fremont St

Cause of Death, First (Primary), Acute Bronchitis, & Bronchial Asthma

Second (Immediate), Exhaustion

Duration of Last Sickness, " Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 4th 1886

Undertaker Joseph F Byrne

Place of Business, 39 N Liberty *Address,* Chas St & Forest Place

Wilmer Brinton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 89343 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2 " 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Boozer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~~

Health Department, City of Baltimore.

Permit No. 893 ½ *Office of Registrar of Vital Statistics,* Ward 13 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Shipley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give Street and Number.} 449 W. Lombard St.

Cause of Death, First (Primary), Softening of Brain

Second (Immediate),

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb 5 1886

Undertaker, J B Cook

Place of Business, 707 W. Baltimore St *Address,* 184 W Hazel St

J. J. Leuthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 89346 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 1886 BALTIMORE MD

Date of Death, 20 Feby 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gordon

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* / *Months,* *Days.*

Color, W

Married, Single, Widow ~~*or Widower*~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland 8 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Aged Womens Home

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, 3 Mos

All the above information should be furnished by the Physician.

Place of Burial, Int Oliver Cem

Date of Burial, Feb 4th 1886

Undertaker, Henry Suddarth

Place of Business, Park Ave

Geo H Lapsley M. D.,
Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 8732

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89346 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE FEB 3 1886

CERTIFICATE OF DEATH.

Date of Death, Feb. 3 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Keely

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 0 *Years,* 13 *Months,* — *Days*

Color, wht

~~*Married*~~, *Single*, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 15 Pinkney Place

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, all the time

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb. 4/86

Undertaker, Chas. T. Erwin

Place of Business, 271 S. Eutaw *Address,* 219 Madison ave

G Lane Tanneyhill M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8934 7 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2nd, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Verona Urbeinsdak

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City "

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} * 207 S. Regester St.

Cause of Death, First (Primary), Trismus Nascentium

Second (Immediate),

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, February 4 86

Undertaker, Felix Brzozowski

Place of Business, 215 S Bond St

John H. Kehberger M. D.
Medical Attendant

Address, 243 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89348 *Office of Registrar of Vital Statistics.* Ward 5-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT.

CERTIFICATE OF DEATH.

Date of Death, Feby 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine McDonald

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days*

Color, W

~~Married~~, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 86 Sterling St

Cause of Death, First (Primary), old age

Second (Immediate), asthenia.

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, February 4 1886

Undertaker, James F Byrne

Place of Business, No 63 W Front *Address,* 114 Park Ave

T. E. Chatard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 89349 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT ... 86 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuell Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queen Anne County Md.

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and Number.} 310 N. Mount St

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Coma & Anæmia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial Queen Anne's Co. Md

Date of Burial, Feb 4/1886. Wm H Siffenderfer M. D.,
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, W Fayette Address, 140 Betton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4030 Transcript

No. 875

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89350 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 3 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George B Collins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give Street and Number.} 2 d Chesapeake

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), —

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feby. 5. 1886

Undertaker, M. A. Dayer Alty.

Place of Business, 74 S. Bway

E. Polk M. D.
Medical Attendant.

Address, 93 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 893

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89357 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 3. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary A. Gray

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 196 E. Pratt St.

Cause of Death, First (Primary), Aortic Insufficiency

Second (Immediate), Anasarca

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Feby 5. 1886

Undertaker, M. A. Dwyer Atty.

Place of Business, 74 S. Bway.

G. G. Lisle M. D.
Medical Attendant.

Address, Balt. & Frank. Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 895

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 89332 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 3 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Burns

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 1 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 215 Burton st

Cause of Death, First (Primary), Rheumatic Endocarditis

Second (Immediate), Cardiac Palsy

Duration of Last Sickness, one week - attendance 13 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cem

Date of Burial, Feb 5th 1886

Undertaker Martin Baker

Place of Business, 128 Townsend st

Martin Brown M. D.
Medical Attendant.

Address, 66 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 89353 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, February 3 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice L. Liebert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months.* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 346 N. Durham St. Balto city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 346 N. Durham St.

Cause of Death, First (Primary), ...

Second (Immediate), Cyanosis Marantonium

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, February 4

Undertaker, B. McCole

Place of Business, 82 West St.

G. F. Saylor M. D.
Medical Attendant.

Address, 234 N. Bl'way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 870

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89354 *Office of Registrar of Vital Statistics.* Ward 15—

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 3d 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Lidia Kratz

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* 9 *Months,* *Days*

Color, White

~~*Married, Single*~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1835 Sharp St (Phthisis Pulmonalis)

Cause of Death, First (Primary), +

Second (Immediate), " "

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feby 5th 1886

Undertaker, Wm Deewald

Place of Business, 35 S. Eutaw

Thomas Otis M. D.
Medical Attendant.

Address, 179 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 89353 *Office of Registrar of Vital Statistics.* Ward 7 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~January~~ 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Jones -

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* —— *Months,* —— *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 290 E. Chase St -

Cause of Death, First, (Primary,) Carcinoma of Uterus

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb. 5 1886

Chas. H. Riley M. D.,
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 536 W Fayette *Address,* 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89356 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 4 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. H. Lindsay

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll County

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give Street and Number.} No 294 N. Howard St

Cause of Death, First (Primary), Pulmonary Phtisis

Second (Immediate), —

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Worcester County Md

Date of Burial, Feb 5th 1886

Undertaker, Demp & Mitchell

Place of Business, 550 W. Fayette St

Henry Stalzer M. D.
Medical Attendant.

Address, 169 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death. [OVER.]

4031 Fremont

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 8935 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Patterson Bohannon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 3 *Months.* 17 *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 17 Hopkins avenue

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Congestion of Brain

Duration of Last Sickness, Five days

All the above Information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Feby 4th 1886

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 47 Edmondson ave

Chas. E. Gibbons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89358 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas C Warden

Sex, Male or Female, {Cross out the word not required in this line.} "

Age, 32 *Years,* 9 *Months,* *Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Canvasser

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ky & Va & Del

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give Street and Number.} 72 Camden St

Cause of Death, First (Primary), Syphilitic Ulceration in Throat 1 Year

Second (Immediate), Abscess of the Brain

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Dover Del

Date of Burial, Feb 5th 1886

Undertaker, or Eugene Forsaker

Place of Business, 7 in Camden St Address, 1169 Edmondson Ave

Thomas 6th M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

403½ Hanover

No. 1 7 8

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89359 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 3, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Steele,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 9 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 26 Union St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Forest Home

Date of Burial, Feb. 5 6

Undertaker, Walter Irvine

Place of Business, 315 W. Baltimore St. *Address,*

J. Ricker M. D.

Medical ~~Attendant~~.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 89360 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Eldridge

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years.* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 90 S. Ann St.

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Coma

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, February 6th 1886

Undertaker, Denny & Mitchell

Place of Business, 68 S Broadway

Jno. S. Smith M. D.
Medical Attendant.

Address, 1 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 89361 *Office of Registrar of Vital Statistics.* Ward 7 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 4 1886 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, February 2 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Russell

Sex, Male or Female, {Cross out the word not required, in this line.} male

Age, 1 *Years,* 4 *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Broadway & Chew St

Cause of Death, First (Primary). Tuberculous Meningitis

Second (Immediate). Coma

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 4 th

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Marbury Brown M. D.
Medical Attendant.

Address, 5 E Mc Culloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 89362 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, Feb 4, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Williams

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months.* ..... *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give Street and Number.} 337 Eutaw st

Cause of Death,
First (Primary), Exposure & want of proper Care
Second (Immediate), Acute Bright's Disease

Duration of Last Sickness, Had been complaining about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Feb 7/86

Undertaker, Chas. T. Sowers

Place of Business, 271 N. Eutaw

William Lee M. D.
Medical Attendant.

Address 339 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89363 *Office of Registrar of Vital Statistics.* 1886

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 2, 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Boyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 65 *Months,* ..... *Days*

Color, Blk

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City 65 Yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1 Clarkson al

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate), Apnoea

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 4 1886

Undertaker, S. W. Chase

Place of Business, 198 Howard St

Chas P Elliott M. D.
Medical Attendant.

Address, 3 W Lyon

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 89364 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 3. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marguerite Hoffman

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* — *Days*

Color, White,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give Street and Number.} 379 McHenry St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, February 6th 86.

Undertaker, John H. Paulus

Place of Business, 66 Fred. Ave.

T. V. Wilen M. D.
Medical Attendant.

Address, 837 W. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89365 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 22, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Horner

Sex, Male or Female, {Cross out the word not required in this line.} Horner

Age, 67 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 40 Park St Port L

Cause of Death, First (Primary),

Second (Immediate), Anasarca

Duration of Last Sickness, Say Mths

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Feb. 6th '86

E. J. M. Owens M. D. Medical Attendant.

Undertaker, G. Francis

Place of Business, Bank & Wolfe Sts. *Address,* 53 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89366 *Office of Registrar of Vital Statistics* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 3d 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie King (Maggie Krug)

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 13 *Years,* — *Months,* — *Days*

Color, Whit

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 241 S. Durham St. (S. Durham St)

Cause of Death, First (Primary), Fibrin pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Feb. 5th 86

Undertaker, G. Franc

Place of Business, Bank & Wolfe Sts. *Address,* 24 S. Baltimore St

Heth Wm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 89367

Office of Registrar of Vital Statistics. 2d

The Physician who attended any person in a last illness is responsible for the prescrupt[illegible] of this Certificate, *duly and correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT FEB 4 1886 BALTIMORE, MD.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 2. February 1886.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Schauer

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* 5 *Months,* *Days.*

Color, white

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, { Give street and number. } 291 ~~W~~ Canton Ave

Cause of Death, First, (Primary.) Dentitio difficilis

Second, (Immediate.) Inflam. cerebri. (spasmi).

Duration of Last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem.

Date of Burial, Feb. 4th 86

Rob. Dan'l Thos. *M.D.,*
Medical Attendant.

{ *Undertaker,* G. France
{ *Place of Business,* Bank & Wolfe St *Address,* 121 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 0[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89368 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 4 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Febry 2. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Elliott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* 2 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 172 Orleans st.

Cause of Death, First (Primary), Cerebral softening (Insanity)

Second (Immediate), Paralysis & Exhaustion

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 5/86

Undertaker, Wm S Fry

Place of Business, 84 N Broadway

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8936 9 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2nd 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Boyer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 7 *Months,* 1 *Days*

Color, Dark

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md —

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 4 Harden Court

Cause of Death, First (Primary),

Second (Immediate), Dysphromania and Fever

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Augustine Cemetery

Date of Burial, Feb 6 1886

Undertaker, Hercules Ross

Place of Business, 95 East Pratt St

J. Tyler Smith M. D.
Medical Attendant.

Address, 359 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 893

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89370 *Office of Registrar of Vital Statistics.* Ward 18

HEALTH DEPARTMENT FEB 4 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Thomas.

Sex, ~~*Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, Colored

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, Abt 40 Yrs

Place of Death, {Give Street and Number.} 944 Barre St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shaws Cemetery

Date of Burial, Feb 6 1885

Undertaker, H Ross *Medical Attendant,* Chas L Bell M. D.

Place of Business, 95 Cor Hall St *Address,* 161 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8937

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8937 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F. Sims

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 14 *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 258½ West St.

Cause of Death, First (Primary), Debilitas

Second (Immediate), Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Feb 6 1886

Undertaker, H. Ross

Place of Business, 95 East Pratt *Address,* 170 Shar[illegible]

Wm Goodall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8907

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89372 *Office of Registrar of Vital Statistics.* Ward 7E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 3rd, 1886 - 8 1/2 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Fleckenstein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Seventy Four (74) *Years,* ~~ *Months,* ~~ *Days*

Color, White

~~*Married, Single,*~~ ~~*Widow or*~~ *Widower,* {Cross out the words not required in this line.} Widower

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany - Thirty Four years (34) in U.S.A.

Duration of Residence in the City of Baltimore, Thirty Four (34) years

Place of Death, {Give Street and Number.} St. Joseph's Hospital.

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, Feb. 5 1886

Undertaker, John Finch.

Place of Business, Park St.

O. J. Cocken M. D.
Medical Attendant.

Address, St. Joseph's Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8937/3 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Lang

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 58 Forest st

Cause of Death, First (Primary), Catarh fever

Second (Immediate), Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Ohel Sholom Cemetery

Date of Burial, February 7th 1886

Undertaker, Evans & Spence

Place of Business, 60 E. Baltimore St. *Address,* 124 n Eutaw st

E. C. Baldwin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 87

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 89374 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Febry 2: 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Frankel

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, W.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Many years

Place of Death, {Give street and Number.} 15 S. Exeter

Cause of Death, First (Primary) Interstitial Nephritis (Bright)

Second (Immediate) Pneumonia -

Duration of Last Sickness, about three Weeks.

the above information should be furnished by the Physician.

Place of Burial, Beth Shalom Cemetery

Date of Burial, February 4 Christopher M. Johns M. D.

Medical Attendant.

Undertaker J. Ahrens

Place of Business, 28 Hugh Address.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89375 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 4 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 3 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar & Jane Infant Coakley (Twins)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* seven minutes *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 188 W Calvert

Cause of Death, First (Primary), —

Second (Immediate), Asphyxia in birth

Duration of Last Sickness, —

All the above Information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 5th 1886

Undertaker, Henry Hoeck

Place of Business, 309 N Eutaw St Address, 114 Park Ave

F. E. Blatard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 89376 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT, FEB 7 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie E. Dukes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* —— *Months.* 1 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 35 Years & 1 Day

Place of Death, {Give street and Number.} 19 Clinton Ave.

Cause of Death. First (Primary), Dry Gangrene left foot.

Second (Immediate), " & Blood poison - asphyxia

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 6

Undertaker Walter Lurmel

Place of Business, 315 N. Eddie Street

J. W. Christian M. D.
Medical Attendant.

Address, 506 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8937 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2nd, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Deborah Fowler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* 16 *Days*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 23 Yrs.

Place of Death, {Give Street and Number.} 43 Warren Ave

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 20 minutes

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 5 1886

Undertaker, Armstrong Denny

Place of Business, 263 Light

Robert S. Lowe M. D.
Medical Attendant.

Address, 933 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89378 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED FEB 3 1886 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, Feby 2 and 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Danl G. Cottrell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Boiler Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N. Y. State

Duration of Residence in the City of Baltimore, about 30 yrs

Place of Death, {Give Street and Number.} 98 Cross st

Cause of Death, First (Primary), ———

Second (Immediate), Consumption

Duration of Last Sickness, about 6 mo

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 5th 1886

Undertaker, Armstrong & Jenny

Place of Business, 2632 Light

R. C. Lee M. D.
Medical Attendant.

Address, Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 0 7 3 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89379 *Office of Registrar of Vital Statistics.* Ward 1st

HEALTH DEPARTMENT
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 4 — 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Andrews

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 mos.

Place of Death, {Give Street and Number.} No. 193 S. Chester St.

Cause of Death, First (Primary), —

Second (Immediate), Spasms

Duration of Last Sickness, Few minutes

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, Feby 5th 1886

Undertaker, H. Sanders Son

Place of Business, 252 Canton Av

Alexander Hill M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 0

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89380 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1886 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, February 4th. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geoge N. Schwesinger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* 11 *Months,* 7 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Setzer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} No 234. S. Ann st

Cause of Death, First (Primary), Softening of the Brain

Second (Immediate), Paralysis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount [redacted]

Date of Burial, Feby 7th 1886

Undertaker, H. Saunders & Son

Place of Business, 252 Canton av

Thomas P. Evans M. D.
Medical Attendant.

Address, 92 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89381 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 4th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loretia L. Berry

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* —— *Months,* —— *Days*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Child's Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 76. W. Biddle St.

Cause of Death, First (Primary), Gastric Carcinoma

Second (Immediate), Exhaustion of vital Force,

Duration of Last Sickness, About 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 5 1886

Undertaker, Alex Hamsley

Place of Business, 116 Orchard St

Eldridge C. Price M. D.
Medical Attendant.

Address Office 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89382 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 4. 06

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Wells

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* — *Months,* — *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 6 years, —

Place of Death, {Give Street and Number.} 56 Fremont Ave - Fertility of Hamilton

Cause of Death, First (Primary), /

Second (Immediate),

Duration of Last Sickness, 2 or 3 months

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial, Feb 8 1906

Undertaker, William Dorsey

Place of Business, 62 East St

A. Worth M. D.
Medical Attendant.

Address, 202 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 0

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87383 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT FEB 6 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmina Ross

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower {Cross out the words not required in this line.} Single

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give Street and Number.} 54 S. Madeira al.

Cause of Death, First (Primary), Metro-Peritonitis

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Feb 6th 1886

Undertaker, M A Dixon

Place of Business, Health Office *Address,* 413 E. Pratt St.

Jas H Chase M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 74

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89384 *Office of Registrar of Vital Statistics.* Ward 9 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 30 11 PM 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Layton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Section Hand (RR)

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland 30 yrs in U.S.

Duration of Residence in the City of Baltimore, in 12 days

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Tuberculosis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 6 1886

Undertaker, or Sister Mary Bernard

Place of Business, City Hospital *Address,* City

J. Turner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89385 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 5 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Kinsler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* 2 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 107 Foster ave

Cause of Death, First (Primary), Rheumatism & Pneumonia

Second (Immediate), Heart Disease

Duration of Last Sickness, 11 7 days

All the above information should be furnished by the Physician.

Place of Burial, H Peters

Date of Burial, Feb 6

Undertaker, B. Hearle

Place of Business, 82 West St

Jos A Cerkle M. D.
Medical Attendant.

Address, 110 Foster ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89386 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 4 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice McNett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, white

~~Married~~, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

~~Birth Place~~, {State or country, and how long in the United States, if of foreign birth.} Penn

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give Street and Number.} Female Hospital

Cause of Death, First (Primary), Disseminated Tuberculosis

Second (Immediate), Exhaustion from the same

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial Feb 6 1886

Undertaker, Jas A Bynn

Place of Business, 637 N Gay *Address,* 67 Saratoga St

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Transit 4033

No. 0

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89387 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 6 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 5-86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles David Wright

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give Street and Number.} 34 Hanover

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feby 7th 1886

Undertaker, or George Wright (Col'd)

Place of Business, 34 Hanover [illegible] *Address,* 1 So. Eutaw St.

T. S. Illoyer M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alberta Anderson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 1 *Months,* 13 *Days.*

Color, Black *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 84 Holland

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 6 Mo.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Feb. 6th 1886

Undertaker, Thos. A. Bunyan

Place of Business, 62 East. St.

E. J. Ray M. D.
Medical Attendant.

Address 195 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 89389 *Office of Registrar of Vital Statistics.* Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 4, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah A Sauder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* 7 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} S Wilkens Av

Cause of Death, First (Primary), Gastro Enteritis

Second (Immediate), Exhaustion

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Friday 7th /86

Undertaker, J E B Coughlin

Place of Business, 298 Lemmon *Address,* 317 N Gilmor

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89390 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kommann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* 21 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 85 E. Lombard St

Cause of Death, First (Primary), Diphtheria.

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Country

Date of Burial, Feby 6th

Undertaker, Evans & Spence

Place of Business, 60 E Balto St

Chas M. Morfit M. D.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89391 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED FEB 6 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6 '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Curry

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, of life

Place of Death, {Give Street and Number.} 317 Hollins st

Cause of Death, First (Primary), Marasmus

Second (Immediate), exhaustion

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 6' 1886

Undertaker, J. B. Cook

Place of Business, 709 W. Balto *Address,* 32 c Hollins st

W. A. Jones M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 89392 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 6 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 4th February 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Monroe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months.* 13 hours *Days*

Color, Colored

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 305. Hamburg St

Cause of Death, First (Primary), Period of uterogestation six mos. 1st half

Vitality

Second (Immediate), Exhaustion

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, Charles St Cemetery

Date of Burial, Feb 6 1886

Undertaker, H. Ross

Place of Business, 45 Lon Warf St *Address,* 146. Hill St.

L. D. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 89393 *Office of Registrar of Vital Statistics.* Ward 16

HEALTH DEPARTMENT FEB 5 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th February 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Douglass

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* ..... *Months,* ..... *Days*

Color, Colored

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, House Work

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 19 Yrs

Place of Death, {Give Street and Number.} 132 Lee St

Cause of Death, First (Primary), Paralysis

Second (Immediate), Apoplexy

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 7 1886

Undertaker, H. Ross

Place of Business, 95 E. or W. Fayette St.

L. D. Dyer M. D.

Medical Attendant.

Address, 146 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 8939 — *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 6 1886 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6 5th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Godine Poston

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, — *Years,* 9 *Months,* — *Days,*

Colored

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 430 Burgundy Alley

Cause of Death, First (Primary), Ex Cerebro

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, Sharps Cemetery

Date of Burial, Feb 7 1886

Undertaker H B Rose

Place of Business, 95 Con Wash St

Geo. H. Brown M. D.
Medical Attendant.

Address, 165 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89395 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 5 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, 4 February 1886

Full Name of Deceased; {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosine Krell

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 82 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bleichenbach — Hesse — Darmstadt

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 738 W. Baltimore Street

Cause of Death, First (Primary), Gangraena senilis

Second (Immediate), Paralysis of heart

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemetery

Date of Burial, 7 February 1886

Undertaker, A. Pohle

Place of Business, Pen. Avenue

L. F. Reinhard M. D.

Medical Attendant.

Address, 211 N. Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this [illegible]

Health Department, City of Baltimore.

Permit No. 89396 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. FEB 6 1886

CERTIFICATE OF DEATH.

Date of Death, Feby 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Hudson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Bankeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give Street and Number.} Montgomery & Canons

Cause of Death, First (Primary),

Second (Immediate), Pneumonia (Typhoid)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 7th 1886

Undertaker, C. F. Krauseden

Place of Business, 20 & 22 Canover *Address,* [illegible]

Physician Coste M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8937 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 6, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George + Henry Kruse

Sex, Male or Female, {Cross out the word not required in this line.} male (Twin)

Age, ~~~ *Years,* ~~~ *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Entire time

Place of Death, {Give Street and Number.} No. 252 E. Lombard St

Cause of Death, First (Primary),

Second (Immediate), Premature birth

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus, cem

Date of Burial, Feb 6 th

Undertaker, H Blokamp Jr

Place of Business, 258 E. Lombard st *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89398 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kraft. (Twin)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 1 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 28½ E. Lombard St

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 6 1886

Undertaker, W. Blettkaupf & Co

Place of Business, 253 E. Lombard St *Address,* Corner

James A Lewis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Copy

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 89399 *Office of Registrar of Vital Statistics.* Ward 1st 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE FEB 6 1886

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie E. Zantzinger

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 71 S. Collington Ave

Cause of Death, First (Primary), Typhoid

Second (Immediate), Fever

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, February 7th 1886

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,*

Wm E Elder *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 89400 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 8 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6 '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Ford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 12 Diamond st

Cause of Death, First (Primary), Suddenly of Heart

Second (Immediate), disease

Duration of Last Sickness, about 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 7th 1886

Undertaker, W. Cadogan

Place of Business, 27 Mulberry St

W. A. Lyons M. D.
Coroner
~~Medical Attendant.~~

Address, 322 Lovelin Alley

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 89401 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD

a

CERTIFICATE OF DEATH.

Date of Death, February 5: 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny L Dr Barry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Commercial Agent

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italia

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give Street and Number.} 9 Hopkins Place ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 7th 1886

Undertaker, M. Cadogan

Place of Business, 227 Mulberry St

H. C. Williams M. D.
Medical Attendant.

Address, 201 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

14
18

Permit No. 89402 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 6 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, February 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Fitzgerald

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 90. S Eutaw av

Cause of Death, First (Primary),

Second (Immediate), Scarlet fever,

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 6th 1886

Undertaker, M Cadogan

Place of Business, 227 Mulberry st *Address,* 582 W. Fayette

W. McLaren M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 17403

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89403 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna E Hartline

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 / *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Yrs.

Place of Death, {Give Street and Number.} 22 Dorsett Valley

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 1 Yr.

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 6

Undertaker, J. Hall

Place of Business, 82 West St

R A Ellis M. D.
Medical Attendant.

Address, 321 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 89404 *Office of Registrar of Vital Statistics,* Ward ..... 20 cl

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. FEB 6 1886 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Feb. 6 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leroy Cameron

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* one *Months,* — *Days,*

Color, White

Married, Single, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Infant

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, one month

Place of Death, {Give street and Number.} 477 N. Fremont

Cause of Death. First (Primary), Congestion of lungs

Second (Immediate), " " "

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Co. md

Date of Burial, Feb 8. 1886

J. B. Christian M. D.
Medical Attendant.

Undertaker John W Jackson

Place of Business, Gal & Carolina *Address,* 516 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

4034 Fremont

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89405 *Office of Registrar of Vital Statistics.* Ward 3 Ct

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby. 4. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brede

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 ~~29~~ *Years,* 10 ~~2~~ *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 19 N Durham

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, County Co.

Date of Burial, Feb 7 86

Undertaker, H. H. Coffman

Place of Business, 63 N. Eden St *Address,* 344 E. Baltimore St.

J. H. Collenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 8740

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89406 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Jan~~ Feb. 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christoph Schmidt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* 5 *Months,* 27 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 2265 S. Ann St.

Cause of Death, First (Primary), Acute Tuberculosis

Second (Immediate), Asphyxia

Duration of Last Sickness, 1½ months

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls cem

Date of Burial, Feby 7th 1886

Undertaker, H. Sanders & Son

Place of Business, 252 Canton ave *Address,* 1702 S. Sharp St

Jno Gombel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT, FEB 6 1886 BALTIMORE, MD.

8—

Permit No. 89407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb- 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Anderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 3 *Years,* — *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Truck Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give street and number.} 53 Treadwell St

Cause of Death, First (Primary,) Fatal Dis of Heart

Second (Immediate,)

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, Feb 7th 1886

Undertaker, Wm Hoover

Place of Business, 202 N. Eutaw St

Wm J Murdock M. D.
Medical Attendant.

Address 80 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89408 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 6 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B Hoof

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days*

Color, White

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All its life

Place of Death, {Give Street and Number.} 62. S. Central Ave.

Cause of Death, First (Primary), Catarrh

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb. 6th 86.

Undertaker, J. D. Corning.

Place of Business, 125 Orleans st. *Address,* 154. E. Balto. St.

Jno H. Norris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89409 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb. 3 '86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Updegraff

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months.* *Days*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 27 Union st

Cause of Death, First (Primary), Prolapsus ani 7.

Second (Immediate), exhaustion

Duration of Last Sickness, Since its birth

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Feb 6 /86

Undertaker, Fred. A. Kerchner

Place of Business, Health Office

Wm A. Jones *M. D.*

Coroner

~~Medical Attendant.~~

Address, 322 Hollins st city

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8-9410

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89410 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT FEB 6 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Twenty Nine *Years,* Ten *Months,* *Days*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Twenty Nine Years

Place of Death, {Give Street and Number.} No 1 Duncan Alley, upp. Fayette St

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 7th 1886

Undertaker, W. M. Madden

Place of Business, 78 East Pr

John U. Pickel M. D.
Medical Attendant.

Address, 256 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8 7411

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87411 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S Howard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 303 Raborg St

Cause of Death, First (Primary), Chills

Second (Immediate), Malarial Fever

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Shard St Cemetery

Date of Burial, Feb 6th 1886

Undertaker, Wm Duncee

Place of Business, East St

Thos A Lewis M. D.
Medical Attendant

Address, Camp & B & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

W E Roberts Sanit. Inspector

No. 8412

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8412 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 5. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Lessert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 57 N Castle St.

Cause of Death, First (Primary), Dentition

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cem.

Date of Burial, Feb 6 th 1886

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* 344 E. Balto. St.

J. H. Collenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89413 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jabetha J Bishop

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} No 222 Clifton Place

Cause of Death, First (Primary),

Second (Immediate), Congestion Brain

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 8 1886

Undertaker Wm. H. Hickman

Place of Business, 2841 Gay St. *Address,* No 136 Exeter St

O S Mahon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 89414

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89414 *Office of Registrar of Vital Statistics.* Ward 37

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby. 5 — 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jenkins,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 100 *Years,* — *Months,* — *Days*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co., Md.

Duration of Residence in the City of Baltimore, 50 yrs.

Place of Death, {Give Street and Number.} No. 13 Herrid's Court

Cause of Death, First (Primary), Fatty degeneration of heart

Second (Immediate),

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Feb 7th

Undertaker, John E Grace

Place of Business, S. Caroline 1342

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89415 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... FEB 6 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 6, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joseph Lewis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 9 months *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation,~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 165 Mulberry

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give Street and Number.} 200 Madison ave

Cause of Death, First (Primary), Acute Atrophy

" "

Second (Immediate), Marasmus

Duration of Last Sickness, since birth.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Feb 7/86

Undertaker, Chas J Sexton

Place of Business, 271 N Eutaw

I saw the case twice and found it dying.

William Lee M. D.
Medical Attendant.

Address, 339 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89416

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89416 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Jenkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* *Days*

Color, Color

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 100 N. Spring St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 8th 1886

Undertaker, Wm. P. Dunger

Place of Business, 62 East St.

J. J. Groff M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8941 7 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 3 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Reynolds

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days*

Color, Colored

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 8 Price Court.

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, ~~Lamel~~ Cemetery

Date of Burial, ~~Feb~~ 7 1886

Undertaker, ~~W. H.~~ Driscoll

Place of Business, ~~62~~ East St

J. H. Robinson M. D.
Medical Attendant.

Address, 1811 Mount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 0 12410

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89418 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Febry 5- 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Cook (Sister Mary Paulina)

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, School Teacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 weeks

Place of Death, {Give Street and Number.} 151 E Fayette St.

Cause of Death, First (Primary), Supposed Calculus acute nephritis

Second (Immediate), Pulmonary Congestion

Duration of Last Sickness, 4 weeks 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Com

Date of Burial, Feb 7 1886

F. F. Mayer M. D.

Medical Attendant.

Undertaker, Adam Finkbeiner

Place of Business, 461 N. Gay St. *Address,* 1 Dr. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 89419

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89419 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, 6th. February 1896.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesalowsky

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days*

Color, white.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Posen, Germany

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, {Give Street and Number.} Thames Street No 2.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate),

Duration of Last Sickness, 8 days.

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'y

Date of Burial, Feb 8th

Undertaker, John Brown

Place of Business, No 2248 Bethel Address, S. Wolfe & 117

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8942.9 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed. F. Rogers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days*

Color, W.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Mechanic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 38 yrs

Place of Death, {Give Street and Number.} 457 Saratoga St.

Cause of Death, First (Primary),

Second (Immediate), Bright's disease

Duration of Last Sickness, 10 mo.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feb. 8 1886

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 306 N. Fayette St

C. M. Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89421

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89421 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* 8 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 56 N. Spring St

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 8th

Undertaker, Wm. Kirchner

Place of Business, 203 Aliceanna St

Wm. Orem M. D.
Medical Attendant.

Address, 56 N. Spring St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7422

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7422 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Henderson,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy Seven *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 34 Abbot Street

Cause of Death, First (Primary), Hemorrhage from Bo

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Duernigkeits Cem

Date of Burial, Feb 8th 1886

Undertaker, Frank Cash.

Place of Business, 249 N. Durham St

Chas. B. Ziegler M. D.
Medical Attendant.

Address 252 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and oorrect record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89423 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 5, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Carrin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 6 *Months,* ..... *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 249 Jefferson St

Cause of Death, First (Primary), Pertussis

Second (Immediate), Intercurrent Meningitis

Duration of Last Sickness, Eight weeks

All the above information should be furnished by the Physician.

Place of Burial Bohemian National cem

Date of Burial, Feb 7, 1886

Undertaker, F. Enoch & Co.

Place of Business, 249 N Durham St *Address,* 363 S Broadway

W. W. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9[illegible]24

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89424 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 5th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John D Thorn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give Street and Number.} 714 Hanford ave

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Exhaustion "

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Govanstown

Date of Burial, Feb 7th

Undertaker, H. C. Windefeld

Place of Business, Go Gwynn Ave

L. A. Reynolds M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8942 *Office of Registrar of Vital Statistics.* Ward 4 C/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 8 1886

CERTIFICATE OF DEATH.

Date of Death, Feb. 7 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Sittig

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* 6 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 45 Granby

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Febry 8

Undertaker, W. D. Tyler

Place of Business, 157 E. Bond *Address,* 78 E. Balto St.

J. W. P. Bates *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 89426

Office of Registrar of Vital Statistics.

(3)

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 8 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 6th February 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johan Michael Wenzel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 11 *Months,* 26 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, car driver

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 94 Bank Str.

Cause of Death, First, (Primary.) Variloids; — Ulcero gangraenos of the

Second, (Immediate.) Enteritis, muscul. glutaeus maxim. et perinaeum (not diarrhoeal)

Duration of Last Sickness, 37 days.

All the above information should be furnished by the Physician.

Place of Burial, S. Alfonsus

Date of Burial, Feb 8

Undertaker, W Dippel

Place of Business, 157 E Bond

Rob. Anthon M.D.,
Medical Attendant.

Address, 121 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 9422

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89427 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT FEB 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wernig

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 4 Hours ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 348 Aisquith st

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Feb 8th 1886

Undertaker, Henry Hoeck

Place of Business, 309 N Central ave *Address,* Cent Ave nr C

Thos A Shearer M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M McKeown Sanitary Inspector

No. 89428

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89428 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. McCall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years,* 1 *Months,* 19 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widower

Occupation, Can-maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give Street and Number.} No. 538 Cross St.

Cause of Death, First (Primary), Chronic Gastritis

Second (Immediate), Inanition

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feby 9th 1886

Undertaker, W. J. Fuehrer

Place of Business, 65 S. Eutaw St *Address,* Cor. Columbia Ave & Fremont St

Wm. H. Alderdice M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8942[illegible] *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Hall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 55 N Dallas St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, About Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Samuel Bernidey

Date of Burial, Feb 8- 1886

Undertaker, W W Maddux

Place of Business, 176 East Pr

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 8943 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT FEB 8 1866

CERTIFICATE OF DEATH.

Date of Death, 7th July 1866

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kuhn

Sex, Male or Female. {Cross out the word not required in this line.} F

Age, ... *Years,* ..... *Months.* 4 *Days.* 4

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death. {Give street and Number.} 91 E. Hanover St

Cause of Death First (Primary). Irritation of the Umbilicus

Second (Immediate). Tetanus Nascentium

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, Feby. 8th

Undertaker F. M. Frill.

Place of Business #13 Hanover St. *Address,* 110 Hanover St

A. W. Dodge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 894 31

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8943 1 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1896 BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Kenny

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married ✓

Occupation, Porter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} 69 Boyd Pl

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis

Duration of Last Sickness, Three (3) months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea

Date of Burial, Feb 8th

Undertaker, John J Lowan

Place of Business, 89 Hollins St

A L Lohse M. D.
Medical Attendant.

Address, 37 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89432 *Office of Registrar of Vital Statistics.* Ward 2 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE FEB 8 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 6. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Auer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 58. *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria, Germany

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} 272 S Caroline St

Cause of Death, First (Primary), Abscess in groin, Debility

Second (Immediate), Pyaemia.

Duration of Last Sickness, 8 Months. (4 months confined)

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Feb. 9 1886

Undertaker, Michael Frank

Place of Business, 35 Bank St *Address,* 96 South Ann St.

F. V. Gosweiler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Atte... ...ted to ... Remarks ... Back of this Certificate.

Health Department, City of Ba... ore.

Permit No. 89433 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Woodland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~60~~ 63 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give Street and Number.} No 169 William St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Empiema

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 8th 1886

Undertaker, Armstrong & Sons

Place of Business, 263 Light

J. C. Burch M. D.
Medical Attendant.

Address, 15 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89434

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89434 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 6/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas B Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, one *Years,* 3 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 662 Cross St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), —

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Feb 8th 1886

Undertaker, John S Meadow

Place of Business, 158 W Baltimore

Jno S Blake M. D.
Medical Attendant.

Address, 158 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89435 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 6th 5.30 oclk. a.m. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Spriggs Esqr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Lumber Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 552 Lexington St. Balto

Cause of Death, First (Primary), Valvular disease of Heart.

Second (Immediate), Paralysis of Heart.

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemy

Date of Burial, Feby 8th 1886

Undertaker, D. Cuny & Mitchell

Place of Business, 530 W Fayette St

C. H. Easton M. D.
Medical Attendant.

Address, 553 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89436 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H L Wolf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charleston S.C.

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, {Give Street and Number.} 363 Hollins St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), "Bright's disease"

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, "Loudon Park"

Date of Burial, Feb: 9- 1886

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette

H. G. Kuhlmann M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 8743

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8743 *Office of Registrar of Vital Statistics.* Ward 1/6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED FEB 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 5th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Rossmarck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty-Four Years

Place of Death, {Give Street and Number.} + 14 Boyd's Court Alley

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate),

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Ev. Evangelical

Date of Burial, February 8th 1886

Undertaker, H. Sander & Son

Place of Business, 252 Canton ave *Address,* 243 Alice anna St.

John H. Lehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 2 1 4 3 0

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89438 *Office of Registrar of Vital Statistics.* Ward 5-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Griffith

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 73 *Years,* *Months,* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Co. Md.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give Street and Number.} 147 E. Madison St.

Cause of Death, First (Primary), Fatty Degeneration of Heart.

Second (Immediate), Dyspnea

Duration of Last Sickness, Sudden.

All the above information should be furnished by the Physician.

Place of Burial, Harford County

Date of Burial, Feb 10th

Undertaker, George Schilling

Place of Business, Ashland Square

H. T. Knowles M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89439 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRY DEPARTMENT, FEB 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cordelia B. Rice

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 92 N. Walke St

Cause of Death, First (Primary), —

Second (Immediate), Consumption

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Meth. Cem. Phila Road.

Date of Burial, Feb 8 1886

Undertaker, Wm. H. Hickman

Place of Business, 284 N. Gay St. *Address,* 139 Exeter St.

J. J. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 89440

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89440 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles, John Siebert.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* 4 *Months,* ~~~ *Days*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, about 2 mos.

Place of Death, {Give Street and Number.} # 388 N. Gay St

Cause of Death, First (Primary), Bronchitis, Capillary;

Second (Immediate), Sudden.

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Feb. 8th 86

Undertaker, G. France

Place of Business, Dantz & Wolfe's *Address,* 238 E. Monument St.

Jno. Hinnemm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89441

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89441 *Office of Registrar of Vital Statistics.* **Ward** 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 7 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Weismuller (Weismuller)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give Street and Number.} 19 Odonnell St.

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem.

Date of Burial, Feb 8 '86

Undertaker, G. Frazer

Place of Business, Bank & Wolfe *Address,*

E Jenkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics In the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 89442

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89442 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} No 178 S. Chesterfield Collington Row

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Feb. 9th 86

Undertaker, G. France

Place of Business, Bank & Wolfe Street *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

11 C 4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT FEB 8 1886 BALTIMORE MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb'y. 8th. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roena Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* Three *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 74 Jasper St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery William S. Gardner M. D.

Date of Burial, Feb 9th 1886 Medical Attendant.

Undertaker, H. A. Kerchner *Address* Maternité Hospital

Place of Business, Health Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 69444 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Hayes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 69 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 6 E. Lanvale Ave

Cause of Death, First (Primary), Valvular Disease of Heart & Dyspepsia

Second (Immediate), Died Suddenly

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 9

Undertaker, Jos. B Cook

Place of Business, 707 Baltimore St

John Neff M. D.
Medical Attendant.

Address, 306 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89445

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89445 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE FEB 8 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum.

Cause of Death, {First (Primary), Marasmus. Second (Immediate), Exhaustion.

Duration of Last Sickness, 30 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cem.

Date of Burial, Feb 8th 1886

Undertaker, Hammond Lake

Place of Business, Dimmick & Co. *Address,* Harlem ave Calton

R. H. Goldsmith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89446

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89446 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 7/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Murphy.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* —— *Days*

Color, White

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), Hernia Cerebri

Second (Immediate), Convulsions.

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathl Lewg

Date of Burial, Feb 8th 1886

Undertaker, Hammond Lake

Place of Business, Division St

R. H. Goldsmith. M. D.
Medical Attendant.

Address, Harlem av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 0 7447

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8947 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1886 BALTIMORE

Date of Death, Feby 8 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John K. Randall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Librarian

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Indian Territory

Duration of Residence in the City of Baltimore, 11 yrs.

Place of Death, {Give Street and Number.} No. 109 N. Charles St.

Cause of Death, First (Primary), Gunshot wound, ball passing through

Second (Immediate) heart + left lung + through the body

Duration of Last Sickness, Instant death.

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, Feb. 9

Undertaker, H. W. Jenkins

Place of Business, North & Saratoga

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4035 Transit

No. 6744

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8948 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 7/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie L. Hopkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days*

Color, cd

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give Street and Number.} 339 N. Howard st

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 8/86

Undertaker, Wm D Gray

Place of Business, Mulberry st *Address,* Comp 76 & 78

James A Steuart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

George E Brown
Sanitary Inspector

No. 89449

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89449 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 86 512 E. Eager St.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Hasmith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ✓

Age, ——— *Years,* 3 *Months,* ——— *Days*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 512. Eager St.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 8th 1886

Undertaker, Adam Rink

Place of Business, 1101 N. Gay St

Thos. J. Simms M. D.
Medical Attendant.

Address, 242 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 8945[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT FEB 8 1886

Permit No. 89457 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John D. Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* — *Days*

Color, Colored

~~*Married,*~~ *Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bay View Asylum

Duration of Residence in the City of Baltimore, 1 yr. 10 mos.

Place of Death, {Give Street and Number.} 89 Vincent Alley

Cause of Death, First (Primary), Nephritis

Second (Immediate), Uraemia

Duration of Last Sickness, " one week

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Feb 9th 86

Undertaker, F. A. Kiersbauer

Place of Business, Health Office

James A. Steuart M. D.

~~Medical Attendant.~~

Address, Cumb. Md & R.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

J. Wm Thomas Son, Insp

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 89451 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feby 7 '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Carey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* *Days,*

Color, white

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland x

Duration of Residence in the City of Baltimore, 83 yrs. x

Place of Death, {Give street and Number.} 113 E Biddle

Cause of Death, First (Primary), colic

Second (Immediate), debility & old age

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 9th

T A Warner M. D.
Medical Attendant.

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* 93 Vacca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 89452

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89452 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1890 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Bracke

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give Street and Number.} 66 W. Pratt st

Cause of Death, First (Primary), Old age

Second (Immediate), Cerebral Hæmorrhage

Duration of Last Sickness, 11 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Feb 9th

Undertaker, H C Birckhead

Place of Business, 90 Fremont Ave

Edward J. McGrath M. D.

Medical Attendant.

Address, 52 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 27433

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89453 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 8, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 336 E. Eager St

Cause of Death, First (Primary), Sudden death.

Second (Immediate),

Duration of Last Sickness, About a minute

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Feb 9th 1886

Undertaker, Evans & Spencer

Place of Business, 60 E Baltimore

J. H. White, M. D.
Medical Attendant.

Address, 413 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8943[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT, FEB 9 1886 BALTIMORE MD.

Permit No. 8943[illegible] *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 8 Feb. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant { Mr. Louis D. Rittenberg - father / Mrs. Mary Rittenberg - Mother

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* ½ *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 72 N. Front St. Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 72 N. Front St. Balto.

Cause of Death, First (Primary), — Dystocia.

Second (Immediate), Unknown - Supposed Blue Disease.

Duration of Last Sickness, ½ day

All the above information should be furnished by the Physician.

Place of Burial, F. P. H. F. Cong Cemetery

Date of Burial, 9 Febr 1886

Undertaker, Isaac Altfeld

Place of Business, 43 E Pratt St, *Address,* 314 E. Balt. St.

B. F. Leonard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

day of each week. No. 89433

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT, FEB 9 1886 BALTIMORE, MD.

Permit No. 89433 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, February 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Raymond L. Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* *Days*

Color, White ✓

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 99 Front

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Congestion Brain

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 10 1886

Undertaker, Martin Fahey

Place of Business, 128 Lovenacht *et* *Address,* 110 Fort ave

O. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 89436

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89456 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 5 1886 BALTIMORE, MD.

13

CERTIFICATE OF DEATH.

Date of Death, Feby 6th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Green

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days*

Color, Blk

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give Street and Number.} 822 Hamburg

Cause of Death, First (Primary), Burns

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 8th 1886

Undertaker, Gen Perkins

Place of Business, 221 Hamburg *Address,* 218 Light

Wm P Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89457

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT FEB 9 1886 BALTIMORE, MD.

Permit No. 89457 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Brauns

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* —— *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 288 Cross St.

Cause of Death, First (Primary), Dentitio difficilis

Second (Immediate), Entero-Colitis

Duration of Last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, Lauderdale Cem.

Date of Burial, Feby 10th 1886

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts. *Address,* 69 S. Howard St.

Wm Grubb M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 89458 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~forty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Wessel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} " Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 170 Sara Ann St

Cause of death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb 10th 1886

Undertaker, John O'Henry

Place of Business, 387 Orleans St

J. S. Jordan M. D., Medical Attendant.

Address, 632 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

O. 8745

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 89459 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the delivery of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Buckley

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 80 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, { Give street and Number. } 95 S. Exeter

Cause of Death, First (Primary),

Second (Immediate) old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 10th 1886

Undertaker Henry W. Mears

Place of Business, 22 W. Fayette St *Address,* 371 Eutaw Place

Thos S Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 89460

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89460 *Office of Registrar of Vital Statistics* Ward 9 2

HEALTH DEPARTMENT FEB 9 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

9

CERTIFICATE OF DEATH.

Date of Death, Feby. 8 — 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick E. Kelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give Street and Number.} No. 52 S. Gay St.

Cause of Death, First (Primary), Dilated Heart

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feb 10th 1886

Undertaker, Henry W. Mears

Place of Business, 22 W. Fayette

Medical Attendant, Alexander Hill, M. D.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the [illegible] and date of death.

[over.]

No. 89461

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89461 *Office of Registrar of Vital Statistics* Ward 9

HEALTH DEPARTMENT FEB 9 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, Febu 9 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizbth & Ewn Woodrow

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Nc

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Gettysburg Pa,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Nc 83 St Paul St

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Febry 11th 1886

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

J H Latham M. D.
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 8946 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT REGISTRAR'S OFFICE FEB 9 1886 BALTIMORE MD.

Permit No. 8946 2 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Sorrall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* ——— *Months,* ——— *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U S

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 37 East St

Cause of Death, First (Primary), Phthisis Pul

Second (Immediate), Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feby 9 1886

Undertaker, S W Chase

Place of Business, 198 Biddle St

C W Barker M. D.
Medical Attendant.

Address, N E cor Paca & Camden Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 89463

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

15

Permit No. 89463 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BRANCH DEPARTMENT FEB 9 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida A. Pembroke

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} "

Age, 19 *Years,* 3 *Months,* — *Days,*

Color col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 38 Vulcane ct

Cause of Death, First (Primary), Pneumonia Convulsions

Second (Immediate), Cerebral Hemorrhage

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Feb 9 1886

Geo. H. Bonsor M. D.
Medical Attendant.

Undertaker Hercules Ross

Place of Business, 94 Con Wash st *Address,* 144 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 8946

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8946 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb: 7/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Kent

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 79 *Years,* " *Months,* " *Days*

Color, Col

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give Street and Number.} 436 Pantch ally near Penn

Cause of Death, First (Primary), Paralysis

Second (Immediate), old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 9th

Undertaker, Wm H McGaven

Place of Business, 220 Hanover *Address,* 193 Pratt

G W Sims *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89465

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT FEB 9 1886 BALTIMORE, MD

Permit No. 89465 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours after the~~ death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 8. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine E Nesstoler

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* 11 *Months,* 26 *Days*

Color, White

~~*Married, Single*~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 80 Fred ave

Cause of Death, First (Primary), Disease of Liver

Second (Immediate),

Duration of Last Sickness, 20 months

All the above information should be furnished by the Physician.

Place of Burial, Westlyn Cem.

Date of Burial, Feb. 10th 86

Undertaker, John O Pauley

Place of Business, 66 Fred. Ave *Address,* 319 Hollins ave

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 89466 *Office of Registrar of Vital Statistics.* Ward 11 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles D. Morris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} "

Age, 60 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Professor in Johns Hopkins University

Birthplace, {State or country, and now long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 158 N Howard st

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul Church Yd

Date of Burial, Feb 10th 1886

Wm D Booker M. D.,
Medical Attendant.

Undertaker, H. W. JENKINS & SONS
UNDERTAKERS

Place of Business, Park & Saratoga Sts.

Address, 157 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 89467

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89467 *Office of Registrar of Vital Statistics.* Ward 5

HEALTH DEPARTMENT RECEIVED FEB 9 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Nennidler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* 1 *Months,* 9 *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} Widower

Occupation, Street Paver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 46 years

Place of Death, {Give Street and Number.} No 7 Haley's Court. Front St. Bath St. opposite

Cause of Death, First (Primary), General Debility.

Second (Immediate),

Duration of Last Sickness, an invalid for several years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Feb 9th 1886

Undertaker, Chas Fussing

Place of Business, 196 E. Balt St *Address,* 2 N Broadway.

J W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 89468

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89468 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday February Eighth (8th)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev. Peter Queen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty Four (44) *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.} Single

Occupation, Priest

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, Seven Years (7)

Place of Death, {Give Street and Number.} St Joseph's Hospital

Cause of Death, First (Primary), Scurvy

Second (Immediate), Asthenia

Duration of Last Sickness, Eight Weeks (8)

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Feb 11th 86

Undertaker, G. Frons

Place of Business, Bonar & Wolfe Sts. *Address,* St. Joseph's Hospital

O. J. Cookery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 8 9469

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8 9469 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT FEB 9 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Vondeland

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, ... *Years,* 4 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Dur Life

Place of Death, {Give Street and Number.} Cor Light & Heath

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, Feb. 10

Undertaker, B. Slade

Place of Business, 81 West St

Oct. Cooke M. D.

Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 89470

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89470 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Febry 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm C. Claridy Jr & Wife

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* Lived ½ hour *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 648 Light

Cause of Death, First (Primary), Premature Birth

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, All Cathedral C.

Date of Burial, February 10

Undertaker, B. Wade

Place of Business, 82 North St

O. A. Cooke M. D.
Medical Attendant.

Address, 120 Fort

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 89471

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89471 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, (or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 9 1889 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 8 89

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Weltha A. Anthony

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 65 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penn.

Duration of Residence in the City of Baltimore, 24 Yrs.

Place of Death, {Give Street and Number.} 47 Covington St

Cause of Death, First (Primary), Acute Congestion of Lungs.

Second (Immediate), Apnoea

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill C.

Date of Burial, Feb 10

Undertaker, B. Hart

Place of Business, 82 West St

R. A. P. Ellis M. D.
Medical Attendant.

Address, 310 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ann Clark

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 77 Chesnut St

Cause of Death, {First (Primary,) Abscess. Second (Immediate,) Typhoid fever Exhaustion

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel City

Date of Burial, Feb 10th 1886

Sam'l J Bell M.D.
Medical Attendant.

Undertaker, Alex. Hendley

Place of Business, 116 Orchard St.

Address 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 89473

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89473 *Office of Registrar of Vital Statistics.* Ward 10 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Feb 9th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine C. Carey

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 168 Pearce St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, death sudden

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 10 1886

Undertaker, J. Lewis Schaefer

Place of Business, N. Fremont St

J. Miller M. D.
Medical Attendant.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 89474

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89474 *Office of Registrar of Vital Statistics.* Ward 18 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Whiting

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, / *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 307 S. Eden

Cause of Death, First (Primary),

Second (Immediate), Pneumonitis.

Duration of Last Sickness, about 1 wk.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's, St. Louis.

Date of Burial, Feb 10th 1886

Undertaker, Alex. Kennedy

Place of Business, 116 Eutaw St. *Address,* 58 N Green (Westminster)

A. Edw. Janney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 89475

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89475 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice V. Williams

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* 6 *Months,* 15 *Days*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Va

Duration of Residence in the City of Baltimore, 2 Years 6 Mos

Place of Death, {Give Street and Number.} 170 S Howard St

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Typhoid "

Duration of Last Sickness, About 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 11 1886

Wm. T. Bell M. D.
Medical Attendant.

Undertaker, H Ross

Place of Business, 94 East West St. *Address,* 161 S Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 0 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89476 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Evans

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert County.

Duration of Residence in the City of Baltimore, About 3 months.

Place of Death, {Give Street and Number.} 104 York St.

Cause of Death, First (Primary), Asthma

Second (Immediate), Old Age

Duration of Last Sickness, About 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Calvert County, Md.

Date of Burial, Feb 12 1886

Undertaker, Herculer Ross

Place of Business, 95 East West St. *Address,* Southern Dispensary

J. B. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4036 Burial

No. 89477

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89477 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel McTahan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* 1 *Months,* 5 *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not reqnired in this line.} ✓

Occupation, Plumber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 214 S. Eden St.

Cause of Death, First (Primary),

Second (Immediate), Old Age

~~Duration of Last Sickness~~,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Feb 11 1886

Undertaker, James D Bryne

Place of Business, No 63 N Front St *Address,* 207 S. Broadway

Nicholas L. Bathurst M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8947[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89478 *Office of Registrar of Vital Statistics.* Ward 13 4

HEALTH DEPARTMENT FEB 10 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Thornton

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2½ yrs.

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Nephritis

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 11 1886

Undertaker, James P Byrne

Place of Business, No 63 N Gross St

R D Wright M. D.
Medical Attendant.

Address, Univ Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 89479

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89479 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 10 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Patterson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} V

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give Street and Number.} N.r 190 Hollins St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Marasmus senilis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb. 10/86

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette

Henry Salzer M. D.
Medical Attendant.

Address, 169 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 89480 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB. 10, 1886, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Bosley

Sex, ~~*Male or Female,*~~ { Cross out the word not required in this line. }

Age, ~~Years,~~ 3 *Months,* ~~Days.~~

Color Col

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } #179 Gurley St

Cause of Death, First (Primary), Inf Intestin

Second (Immediate), Obstruction

Duration of Last Sickness, Life

the above information should be furnished by the Physician.

Place of Burial, Prospect Cem

Date of Burial, Feb 10 1886

Undertaker Sol Chase

Place of Business, 198 Pratt St

Geo. H. Dewn M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8948 / *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb - 9 - 1886 -

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bernard L. Knell

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 2 *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~ ~~Widow~~ ~~Widower~~ ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 16 S. Mount St

Cause of Death, First (Primary), Rectal Stricture

Second (Immediate), Uraemic poisoning

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount.

Date of Burial, Feb 10/86

Undertaker, P J Dill

Place of Business, 183 Columbia

W A B. Sellman M. D.
Medical Attendant.

Address, 46 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 89482 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 10 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, 8th Feb 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Green

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* ——— *Months,* ——— *Days.*

Color, B

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number.} 17 Caroline St

Cause of death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Levul Cemetery

Date of Burial, Feb 10 1886

Undertaker, William N Longer

Place of Business, 62 East St

Geo H Taylor M. D.,
Medical Attendant.

Address, 1 Wamsley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 89483

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89483 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT, FEB 10 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Chase

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* — *Months,* — *Days*

Color, Servant

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Ch Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Puerto Rico

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 26 Vincent St

Cause of Death, First (Primary), Pneumonitis

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, about 10 months

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery,

Date of Burial, Feb 10 1886

Undertaker, William Lange

Place of Business, 62 East St

D. L. Steiner M. D.
Medical Attendant.

Address, 47 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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No. 89484

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89484 *Office of Registrar of Vital Statistics,* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia E Chambers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Launderess.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Many years.

Place of Death, {Give Street and Number.} 2 Little George St

Cause of Death, First (Primary), Laryngeal Phthisis (Hereditary)

Second (Immediate), Exhaustion

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, Feb 11 1886

Undertaker, William Dungan

Place of Business, 62 East St

H. H. Goodman M. D.
Medical Attendant.

Address, 645 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89485

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89485 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 10 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Keller Lowdenslager

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 755 N. Lombard St

Cause of Death, First (Primary), ...

Second (Immediate), Measles

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 11

Undertaker, Jos K B Cook

Place of Business, 707 W Baltimore

W. R. McEnew M. D.
Medical Attendant.

Address, 582 W Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 87486

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 1886

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 10 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lolla Cox

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* Five *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 22 Whatcoat St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 22 Whatcoat St.

Cause of Death, First (Primary,) Chronic Pneumonitis

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery W. H. Thompson M. D.

Medical Attendant.

Date of Burial, Feb. 10 1886

Undertaker, A. J. Bowling

Place of Business, Monument St. *Address* 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 8948 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8948 7 *Office of Registrar of Vital Statistics.* Ward 9 d

HEALTH DEPARTMENT FEB 10 1886 BALTIMORE, MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, Feby 9 — 1886. —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mosek Rider. —

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 — *Years,* — *Months,* — *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 35 yrs. —

Place of Death, {Give Street and Number.} No. 196 W. Balto.

Cause of Death, First (Primary), Valvular disease of Heart

Second (Immediate),

Duration of Last Sickness, Instant death. —

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, Feby 11 — 1886

Undertaker, Chas. H. Lander Son

Place of Business, 22 N. Pratt

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist. —

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 89488

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89488 *Office of Registrar of Vital Statistics.* Ward 17 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 10 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 9 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos H Hoffman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} —

Age, ... *Years,* ..... *Months,* Two *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 10 N Eutaw St.

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), —

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Feb 10 1886

Undertaker, Aumiller

Place of Business, 26 S Eutaw St

B. H. Phillips M. D.
Medical Attendant.

Address, 311 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89489

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89489 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 11 1896 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 10 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gradie E. Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 Years, 8 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 1214 Bank St

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Feb'y 11th 1896 J. Wallace M. D.

Medical Attendant.

Undertaker, H. Saunders & Son

Place of Business, 252 Lanvale *Address,* 2 H. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

... of persons in City of Baltimore will make returns of all

No. 89490

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89491 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 11 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 10th. February 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Uz.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 11 *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Wheelwright

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lauterbach, Bavaria, Germany

Duration of Residence in the City of Baltimore, 33 years.

Place of Death, {Give Street and Number.} S. Gallows St. 96

Cause of Death, First (Primary), Bronchitis' Chronica

Second (Immediate), Hydrothorax

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, New St James Cemetery

Date of Burial, February 13th

Undertaker, Evans & Spincy

Place of Business, 60 E. Balto St.

William Henzl M. D.
Medical Attendant.

Address, S. Wallows St 117

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 89491

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89491 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 11 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary P. Bellzhoover

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, W

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Key West Florida

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 93 Cathedral St

Cause of Death, First (Primary), Brights Disease

Second (Immediate), Asthenia

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Emmittsburg

Date of Burial, Feby 13th 1886

Undertaker, Wm Jenkins & Sons

Place of Business, Park & Saratoga Sts *Address,* 114 Park Ave

T. E. Shatard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

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No. 89492

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 89492 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED DEPARTMENT OF HEALTH FEB 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

74

Date of Death, Feby 10. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Stevens

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 4 *Months,* ~~—~~ *Days,*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 37 St Paul St

Cause of Death, First (Primary), ~~/~~

Second (Immediate), Tetanus Colitis

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 12 1886

Undertaker W. A. Sisson

Place of Business Health Dept

Thos. J. Ward M. D.
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 89493

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89493 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT RECEIVED FEB 13 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 10 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fin. W Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Ships Smith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give Street and Number.} 359 Ships St

Cause of Death, First (Primary), Cancer of Stomach

Second (Immediate), Asthenia

Duration of Last Sickness, " 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Mem

Date of Burial, Feb 12 Fri 1886

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts. *Address,* 37 Lloyd

Robt L. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 894 94

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 894 94 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry H Walsh

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, Abt 40 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Engineer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 93 S Stuart St

Cause of Death, First (Primary), Phthisis Pulmonalis

" Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Feb 12th 1886

Undertaker, S. W. Lemmon

Place of Business, 712 W. Baltimore

Sud Bell M. D.

Medical Attendant's Coroner

Address, 93 S Stuart St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 89495

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89495 *Office of Registrar of Vital Statistics.* Ward 7th

HEALTH DEPARTMENT FEB 13 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 10 th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Klöppel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give Street and Number.} 642 N. Gay St.

Cause of Death, First (Primary), Congestion of the lungs

Second (Immediate), Excess of perspirations into the air passages

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Feb. 12 th

Undertaker, George Schilling

Place of Business, Ashland Square

A Hilton N Taylor M. D.
Medical Attendant.

Address, 138 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 89496

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89496 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 11 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Beck Bell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Executer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard County Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 19 Argyle Ave

Cause of Death, First (Primary), acute Hepatitis

Second (Immediate), asthenia.

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mound

Date of Burial, Feb 13 86

Undertaker, Andrew Rohde

Place of Business, 48 Rema Ave

F E Chatard M. D.
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

See following certificate

No. 87458

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89496 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 15 18[illegible] BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Justin S. Bell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Market Vendor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Baltimore~~ Co. Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 19 Argyle Avenue

Cause of Death, First (Primary), From Autopsy Made by Dr. Miller Coroner's Cause of death was from Paralysis of heart and Inflammation of Liver & Kidneys

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 13/86

Undertaker, [illegible]

Place of Business, [illegible]

Jos. A. Bell M. D.

Coroner 5th Dist.

Address, 1641 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 8949

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8949 7 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Feby 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella A F Fleming

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Teacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1146 N Front

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, I don't Know

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Feb 13 1886

Undertaker, James F Byrne

Place of Business, No 63 N Front St *Address,* 171 N Calvert

Geo B Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...Baltimore will make returns of all

No. 89498

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89498 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 11 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Kane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 8 yrs ?

Place of Death, {Give Street and Number.} 21 S Pace Alley

Cause of Death, First (Primary), Phthisis

Second (Immediate), Apnoea

Duration of Last Sickness, 6 Wks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb 13 1886

Undertaker, H. Ross

Place of Business, Conway St

W. D. Ellis M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89499

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89499 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1886 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Feby 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexina Dickerson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 5 *Months,* — *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~or Widower~~

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 29 Union St

Cause of Death, First (Primary), Mal Nutrition

Second (Immediate), Marasmus

Duration of Last Sickness, all its Life delicate

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 13th 1886

Thos A Stevens M. D.

Undertaker, Chas. T. Scriven ~~Medical Attendant~~

Place of Business, 11 Eutaw St *Address,* City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Geo. E. Brown Painter Baltimore

Keepers of Cemeteries ... Baltimore will please ... duty of all

No. 89500

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Ward 18?

Permit No. 89500

The Physician who attended any person in a last illness, is responsible for the presentation ... *immediately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* af... death of said ... or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 1 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Leutner Sr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 87 *Years,* ... *Months,* ... *Days*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.} Widower

Occupation, Leather

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Wirtenburg Gurmany 40 Years

Duration of Residence in the City of Baltimore, 3 Wyths St

Place of Death, {Give Street and Number.}

Cause of Death, First (Primary), Pl Pneu

Second (Immediate), Lung (6) Months

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 4th 1886

Undertaker, Geo Lemmlein

Place of Business, 389 W. Pratt St

Medical Attendant. J. Thos M. D.

Address, 98 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89501 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
FEB 12 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel Dunscombe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maternities

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} N Y Child's Hospital

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 12

Undertaker, C W Bligard

Place of Business, 201 Penn ave

J M Hundley M. D.
Medical Attendant.

Address, 22 E Monument ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 89502

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89502 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Augusta Mahon

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} .....

Age, 60 *Years,* 4 *Months,* 4 *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} .....

Occupation, wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} N° 368 Madison Ave

Cause of Death, First (Primary), Cerebral Thrombosis

Second (Immediate), Paralysis.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ... Henry Salzer M. D.

Medical Attendant.

Place of Business, ... *Address,* 164 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

See following Cert.

No. 8950?

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8950½ *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Augusta Mahoud

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* 4 *Months,* 4 *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Widow

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 368 Madison Ave

Cause of Death, First (Primary), Cerebral Thrombosis.

Second (Immediate), Paralysis.

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 12

Undertaker, C W Blizzard

Place of Business, 201 Penn ave

Henry Salter M. D.
Medical Attendant.

Address, 164 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89503

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89503 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Ester Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Female Colored

Age, Seventy one *Years,* — *Months,* — *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give Street and Number.} 204 Preston Street

Cause of Death, First (Primary), Rheumatism Neuralgia Debility

Second (Immediate), Exhaustion Sick two years

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 12. 86

Undertaker, Alex Kennedy

Place of Business, Woodward & Sis *Address,* 15 E Fayette Street

Whitfield Kinsey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

14"

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or owner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, February 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Malvina Elliott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* 10 *Months,* 4 *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 190 N. Arlington Ave. Balto. Md

Cause of Death, First (Primary,) Cancer of Uterus

Second (Immediate,) General Dropsy

Duration of Last Sickness, Over one year

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Feb 13th 1886

Undertaker's Denny & Mitchell

Place of Business, 650 W Fayette St

Wm McNickenson M.D.
Medical Attendant.

Address Arlington & Harlem Ave Balto. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89505 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 12. '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Norah Crane

Sex, ~~*Male*~~ *or* ~~*Female*~~, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 9 hrs ~~*Days*~~

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or Widower*, {Cross out the words not required in this line.} ~~Married~~

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 9 hours

Place of Death, {Give Street and Number.} 45 Hanover St.

Cause of Death, First (Primary), Morbus Cæruleus

Second (Immediate), Exhaustion

Duration of Last Sickness, Nine hours

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Feb 14 '86

Undertaker, F. A. Kerchner

Place of Business, Head Office Address, University Hospital

C. W. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 7506

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89506 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
FEB 12 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Ruston

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Mal

Age, 0 *Years,* 0 *Months,* Two *Days*

Color, Light Copper

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Two days

Place of Death, {Give Street and Number.} 181 Chestnut Alley

Cause of Death, First (Primary), Cyanosis

Second (Immediate), Asphixia

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Mt Ark

Date of Burial, Feb 12/886

Benj H Bohner M. D.
Medical Attendant.

Undertaker, Geo J Hensey

Place of Business, 11 Oakes *Address,* 202 N Hoffman

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8950?

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8950? *Office of Registrar of Vital Statistics.* Ward 8?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED FEB 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

a

Date of Death, Feb. 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Simms

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} S. E. Cor. Madison ste Liberty al.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetary

Date of Burial, February 15th 1886

Undertaker, Henry McGinnis

Place of Business, S. N. Central ave.

E. B. Fenby, M. D.
Medical Attendant.

Address, 283 N. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89508

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89508 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Payne

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 26 *Days*

Color, Blk

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Nown

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 102 Henrietta

Cause of Death, First (Primary), Croup

Second (Immediate), Suffocation

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Georges St. Cem.

Date of Burial, 12th Feb 1886

Undertaker, Hercules Ross — Edmund A Stevens M. D.

Medical Attendant.

Place of Business, 95 Conway | *Address,* Conway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Wm. Thomas
Low Pratt

No. 89509

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89509 *Office of Registrar of Vital Statistics.* Ward 13

HEALTH DEPARTMENT FEB 12 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Goddard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St. Mary's Co. Md.

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Chronic Interstitial nephritis

Second (Immediate), Asthenia

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Mechanicsville

Date of Burial, Feb 12th 1886

Undertaker, Wm Gardiner Sons

Place of Business, 224 Madison

C. H. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4039 Transcript

No. 89510

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89510 *Office of Registrar of Vital Statistics.* FEB 12 1885 Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph Amend

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany / Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Frost bite / Septicaemia

Second (Immediate), Exhaustion

Duration of Last Sickness, Three week

All the above information should be furnished by the Physician.

Place of Burial, West-Pub Cemty

Date of Burial, Feby 11 / 1885

Undertaker, Fred A Kechner

Place of Business, 30 N Paca St *Address,* University Hospital

C. W. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8951

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8951 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Albert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 46 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, Feb 12th 1886

Undertaker, Hammond Lake

Place of Business, Division St *Address,* Hanover & Calhoun Sts.

R. H. Goldsmith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 89512

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89512 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 11/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Ileo Colitis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 20 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Feb 12th 1886

Undertaker, Hammond Lake

Place of Business, Division St. *Address,* Harlem ave. Calhoun

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 8513

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8513 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

~~Date of Death~~, Name

~~Full Name of Deceased~~, Date of Death (Write legibly and spell correctly. If an Infant not named, give names of parents.) Louise Wellmer February 11th/86.

Sex, ~~Male~~ or Female, (Cross out the word not required in this line.)

Age, 65 Years, 8 Months, Days

Color, white

~~Married, Single~~, Widow ~~or Widower~~, (Cross out the words not required in this line.)

Occupation,

Birth Place, (State or country, and how long in the United States, if of foreign birth.) Germany

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, (Give Street and Number.) 115 Scott St.

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Dropsy

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Feb 14th 1886

Undertaker, Ph. J. Dill & Son

Place of Business, 183 Columbia

Louis C. Horn M. D. Medical Attendant.

per E.W.K.

Address, 24 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 1514

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8954 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Rost

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 24 *Years,* 11 *Months,* 1 — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

~~*Occupation*~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 91. S. Wolf st

Cause of Death, First (Primary), Paralysis of the Heart

Second (Immediate),

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 14 Febr 1886

Undertaker, John C Gluck

Place of Business, 265 Hanover

Thomas P. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89515

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89515 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the ~~death of said deceased~~, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby. 12 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruby Paul

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 7 *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} A. A. Anne Arundel Co.

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give Street and Number.} 308 So. Bond

Cause of Death, First (Primary), Cerebro Spinal Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundle Co. Md

Date of Burial, Feby 14th 1886

Undertaker, M. Clark & Son

Place of Business, 401 E. Balto

Geo. L. Winslow M. D.
Medical Attendant.

Address, 1711 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

404 E Fremont

No. 7516

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8951 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Berger

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 2 *Years,* 11 *Months,* 27 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 17 Dover St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feby 13th 1886

Undertaker, W. J. Tierney

Place of Business, 16 S. Eutaw *Address,* 15 Hanover St

J. C. Burch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 89517

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89517 *Office of Registrar of Vital Statistics.* Ward 13

HEALTH DEPARTMENT FEB 15 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma M. L. Nily

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 18 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 451 W. Baltimore St

Cause of Death, First (Primary), Intussusception

Second (Immediate),

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb 14 1886

Undertaker, Wm G. Tickner

Place of Business, 65 S. Eutaw St *Address,* 763 W. Broadway

W. W. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 7511

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8918 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 12th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruby Maria Carson.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 05. *Years,* *Months,* *Days*

Color, White.

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Berlin Adams Co., Pa.

Duration of Residence in the City of Baltimore, Six Years.

Place of Death, {Give Street and Number.} 22 N Gale St

Cause of Death, First (Primary), Organic Valvular Disease

Second (Immediate), of Heart

Duration of Last Sickness, 10 Months.

All the above information should be furnished by the Physician.

Place of Burial, Carlisle Pa

Date of Burial, Feb 21st 1886

Undertaker, John J Andrews

Place of Business, 1114x6 Druid Hill Ave

John L. L. Rose M. D.
Medical Attendant.

Address, 273 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Franklin 4040

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89519 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine C. Hemmick

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Madison above Eutaw

Cause of Death, First (Primary), Softening of the Brain

Second (Immediate), Hemorrhage in Cerebellum

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb 13th 1886

Undertaker, Henry H. Means

Place of Business, 22 W. Fayette St *Address,* [illegible]

Edward [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8952 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen A. Bentz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 106 N. Arlington Ave

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, Three hours & a half

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feb 14th 1886

Undertaker, Henry W. Mears

Place of Business, 22 W. Fayette St *Address,* 206 N. Caroline

John Duff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89321 *Office of Registrar of Vital Statistics.* Ward 8

HEALTH DEPARTMENT FEB 13 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McGuinn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give Street and Number.} 157 E. Madison St.

Cause of Death, First (Primary), Cancer Abdominal

Second (Immediate), Exhaustion

Duration of Last Sickness, 2½ months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 12th 1886

Undertaker, Jas P Byrne

Place of Business,

C. O'Donovan M. D.
Medical Attendant.

Address, 115 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 89522

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89522 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1888 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 12/88

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Martin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 67 *Years,* — *Months,* *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Confectioner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Whole life.

Place of Death, {Give Street and Number.} 42½ N. Pine

Cause of Death, First (Primary), Acute Disease (Valvular)

Second (Immediate), 〃 〃 〃

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 14th 1888

Undertaker Joseph F Byrne

Place of Business, 69½ Liberty *Address,* 179 N. Howard

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Physicians are respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89323 *Office of Registrar of Vital Statistics* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 11 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Peter Peter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* ——— *Months,* ——— *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime ✓

Place of Death, {Give Street and Number.} 166 Johnson

Cause of Death, First (Primary), Abortion

Second (Immediate), Peritonitis

Duration of Last Sickness, Nearly one month

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 14th

Undertaker, B Mahoney

Place of Business, 82 Mott St

J. R. Wiley M. D.
Medical Attendant.

Address, 193 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9524

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8952 4 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 13 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Konrad Thorner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give Street and Number.} No. 827 Eastern Ave.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Malarial Fever

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cem

Date of Burial, Feb 14th 1886

Undertaker, Leonhard Ritz

Place of Business, 131 S. Broadway. *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89525 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, February 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eduard M Ohmnschall

Sex, Male or Female, {Cross out the word not required in this line.} Female Ohmnschall

Age, ... *Years,* ..... *Months,* ..... 1 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 75 N Fremont St.

Cause of Death, First (Primary), Atelectasis

Second (Immediate), Convulsions,

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Druid hill Park.

Date of Burial, Feb 13.

Undertaker, A. Rohde

Place of Business, 45 Penn Av.

Dr Lew D Pennington M. D.
Medical Attendant.

Address, 134 N Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8952

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89526 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 13th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Dorsey

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, mulatto

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Trappe Talbot Co Md

Duration of Residence in the City of Baltimore, about 15 yrs.

Place of Death, {Give Street and Number.} 110 Raborg St.

Cause of Death, First (Primary), Tuberculosis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shaft Cemetery

Date of Burial, Feb 14th 1886

Undertaker, J Hooks

Place of Business, 73 Jefferson St

R. B. Wantield M. D.
Medical Attendant.

Address, Mun. Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Dena B. Korder

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Tailoress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fentschwagen Bavaria

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number.} No. 99 N. Schroeder St.

Cause of Death, First (Primary,) Varicose Veins in the right leg

Second (Immediate,) Hemorrhage from the ankle

Duration of Last Sickness, was only a few minutes, I think as she was dead yet not very cold when I first arrived at the house

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Feby 14th 1886

John E. Harris M. D.
Medical Attendant.

Undertaker, F. Lewis Schafer

Place of Business, 109 N Fremont St Address No. 360 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

...Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 89528 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 13 1886, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline A. Starkey

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* 6 *Months,* 8 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Queenstown Md

Duration of Residence in the City of Baltimore, 40 Yrs

Place of Death, {Give Street and Number.} 332 W Lexington St

Cause of Death, First (Primary), Pleuro Pneumonia

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb 15

Undertaker, J B Cook

Place of Business, 707 W Baltimore

John Neff M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Physicians is respectfully invited to the remarks below, and to list of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8529 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Ludwig

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 12 hours *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore V

Duration of Residence in the City of Baltimore, 12 hours

Place of Death, {Give Street and Number.} 468 Carey St.

Cause of Death, First (Primary), Premature Birth

Second (Immediate), —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb. the 13

Undertaker, Walter Israel

Place of Business, 315 N. Eutaw

W. F. Kuyk M. D.
Medical Attendant.

Address, Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89530 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1886 BALTIMORE, MD.

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CERTIFICATE OF DEATH.

Date of Death, Feb 13 6 am 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Brusie

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Fireman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Holland

Duration of Residence in the City of Baltimore, One day

Place of Death, {Give Street and Number.} City Hospital.

Cause of Death, First (Primary), Dysentery

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 wks

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Feb 14 1886

Undertaker, W. A. Secor

Place of Business, Health Office *Address,* City

E Van Hoot M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8753 / *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Feby 12/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Rennett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 9 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 108 Aisquith St

Cause of Death, First (Primary), —

Second (Immediate), Measles. Convulsions

Duration of Last Sickness, 5 Days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby 14 86

Undertaker, Fred Gaede

Place of Business, 298 E. Baroline

Jno D Price M. D.
Medical Attendant.

Address, 158 S Paca

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 89534

Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm C Fowler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Pilot

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 519 N. Caroline St

Cause of Death, First (Primary), Angina Pectoris

Second (Immediate), Syncope

Duration of Last Sickness, 2 hrs

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Feby 14th 86

Undertaker, W. A. Saifert atty,

Place of Business, 445 S. Eden

Oscar Lockwood M. D.
Medical Attendant.

Address, 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89533 *Office of Registrar of Vital Statistics,* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Anderson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 450 Fort Ave

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 6 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Feb 14

Undertaker, B. Ghaeb

Place of Business, 8 W Mt St *Address,* 333 Light St

Robert S. Lowe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89537 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 10 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Galon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 10 *Months,* 7 *Days* 1

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 13 Months

Place of Death, {Give Street and Number.} 379 S Eutaw

Cause of Death, First (Primary), Enlargement of Liver.

Second (Immediate), Edema of Lungs

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 14th 1886

Undertaker, Armstrong & Leary

Place of Business, 263 Light St

Edward Cook M. D.
Medical Attendant.

Address, 1469 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89535 *Office of Registrar of Vital Statistics.* Ward 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Turney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Shoe-Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Westminster Md.

Duration of Residence in the City of Baltimore, 14 Years.

Place of Death, {Give Street and Number.} 211 Montgomery St

Cause of Death, First (Primary), Chronic Softening of Brain

Second (Immediate), Coma

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 14 1886

Undertaker, Armstrong & Deny

Place of Business, 263 Light St

D E Lancy W Barda M. D.
Medical Attendant

Address, 33 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 89536 *Office of Registrar of Vital Statistics.* Ward 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 13 1886 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant unnamed, give names of parents.} Mary Jane Hill

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 68 Mighty Alley

Cause of Death, First, (Primary,) Ovarian Tumor

Second, (Immediate,) Typhoid Malarial Fever

Duration of Last Sickness, One Months (Want of Medical Aid)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 14th 1886

Undertaker, Samuel M. Glass

Place of Business, 193 S. Eutaw St.

J. A. Gibbs M. D., Medical Attendant.

Address, 180 N. Bedford

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 8. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87537 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1886 - 6-15 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James F Fisher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* 3 *Months,* 5 *Days*

Color, Colord

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} #133 West Preston St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Last Week

All the above information should be furnished by the Physician.

Place of Burial, Mark St

Date of Burial, Feb 13th 1886

Undertaker, Alex Hamilton

Place of Business, 116 Orchard St

William Lee M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 89538 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT, FEB 13 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 18 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Y. Park

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 70 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and Number. } 52 Columbia ave

Cause of Death. First (Primary) Asthma, Organic Heart Disease & cancer

Second (Immediate) Asthma - Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feb 15th 1886

Undertaker John L. Meacher

Place of Business, 15 E Lexington St

A. W. Dodge M. D.
Medical Attendant.

Address, 110 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89539 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible], if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 13 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline F Uller.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Between 50 and 60 years

Place of Death, {Give Street and Number.} Baltimore Home of Aged of the M. E. church. cor. Fulton and Franklin Sts

Cause of Death, First (Primary), Old age

Second (Immediate), Pneumogastric Paralysis

Duration of Last Sickness, Four hours.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 14th 1886

Undertaker, John S. Meacher

Place of Business, No 150 Eastern Ave

M. Wright M. D.
Medical Attendant.

Address, 221 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89540 — *Office of Registrar of Vital Statistics.* — Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John & Mary Straub's Parents

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give Street and Number.} 26 Wesley st

Cause of Death, First (Primary),

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Morton C

Date of Burial, Feb 16

Undertaker, P. Ford

Place of Business, 52 West A *Address,* 110 Eutaw

C. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8954 / *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 13 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hall.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} "

Age, 25 *Years,* *Months,* *Days*

Color, Blk.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 12 Fun alley.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate),

Duration of Last Sickness, 13 Months.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetary

Date of Burial, Feb 14th 1886

Undertaker, Morgan & Pyle

Place of Business, No 9 Mulberry St *Address,* Fayette & Howard

C. G. Hubbleine M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89542 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR OF BIRTHS FEB 13 1886 BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, Feb. 13. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Washington Wilhelm

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 26 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Rail Road employee

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} 78 Dolphin St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), -

Duration of Last Sickness, about 5 months

All the above information should be furnished by the Physician.

Place of Burial, New Freedom Pa

Date of Burial, Feb 14th 1886

Undertaker, John J Andrews

Place of Business 1646 David Kirk Ave

J. W. Chambers M. D.
Medical Attendant.

Address, 133 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said [redacted] duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes unde[redacted]ithin twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

4043 Trans

Health Department, City of Baltimore.

Permit No. 89543 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 12 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Chapman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~A. & C. Hospital~~ Maternite Maternité Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} ~~Maternite~~ N. & Child's Hosp

Cause of Death, First (Primary), Prevd-new bronchial Croup

Second (Immediate), Asphixia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 13

Undertaker, C. H. Blizzard

Place of Business, 221 Pine

T. A. Ashby M. D.
Medical Attendant.

Address, 318 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89544 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 14 1896 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 10th,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Snowden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 46 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} No. 179 Demetts Pl.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 14 1896

Undertaker, Hercules Ross

Place of Business, 94 Con Hagerstown Rd

Medical Attendant. M. D.

Address, Columbia Ave Demetts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89545 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feburary 11th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Mitchell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* 2 *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Plumber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give Street and Number.} 113 Lafayette St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Feb 14th 1886

Undertaker, Wm McDunger

Place of Business, 62 East St

J. H. Atkinson M. D.

Medical Attendant.

Address, 507 W. Lemore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8954 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1886 BALTIMORE

Date of Death, Feby 14 / 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Lyons

~~*Sex,*~~ *Male or ~~Female~~,* {Cross out the word not required in this line.}

Age, 51 *Years,* 8 *Months,* 4 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Plasterer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Ireland~~ Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give Street and Number.} 2. N. Arlington Ave

Cause of Death, First (Primary), Mitral Disease of Heart

Second (Immediate), " " "

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cem

Date of Burial, Feb 16th / 86

Undertaker, Jos B. Cook

Place of Business, 707 W. Balto

Thomas Opie M. D.
Medical Attendant.

Address, 179 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 89547 ; *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

54

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1886 BALTIMORE

Date of Death, Feb 12th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucy Payne

Sex, ~~Male~~ *Female,* { Cross out the word not required in this line. }

Age, 32 *Years,* 6 *Months,* *Days,*

Color, Col

Married, ~~*Single, Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Demerara. S. A. 7 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Hospital of Good Samaritan

Cause of Death, First (Primary), Bright Disease

Second (Immediate),

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 14th 1886

Undertaker H W Bishop Jr

Place of Business, 97 Druid Hill Ave *Address,* 201 W. Biddle St

R. Johnston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 89548 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1886 BALTIMORE

Date of Death, Feb 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Imogene Cheney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 251 N Fremont St

Cause of Death, First, (Primary,) Congestion of lung

Second, (Immediate,) Asthenia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Hebrew B. Ground Harford Road - Balto. Co.

Date of Burial. Febry. 15th, 1886

Undertaker, M. A. Dwyer Atty.

Place of Business, 74 S. Bway.

Geo H Dillenderffer M. D., Medical Attendant.

Address, 141 Bolton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this [illegible]

Health Department, City of Baltimore.

Permit No. 89549

Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT RECEIVED FEB 15 1886 BALTIMORE

Date of Death, Feb 13th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J K Conaughan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 6 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give Street and Number.} 55 Market Space

Cause of Death, First (Primary),

Second (Immediate), Tuberculosis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Feb 14th 1886

Undertaker, Jas P Byrne

Place of Business, Fremont

O'C Mahon M. D.
Medical Attendant.

Address, Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89530 *Office of Registrar of Vital Statistics* Ward 16th

HEALTH DEPARTMENT FEB 15 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Wode

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* 11 *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Lamp Lighter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48

Place of Death, {Give Street and Number.} 239 Hamburg St.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Asphyxia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 16th

Undertaker, Henry Wirth

Place of Business, Hanover St

D. W. Gould M. D.
Medical Attendant.

Address, 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

HEALTH DEPARTMENT, FEB. 15, 1886, BALTIMORE

Permit No. 89557 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the representation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, February 13, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary Childs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy Four *Years,* — *Months,* — *Days*

Color,

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 184 Aliceanna Street

Cause of Death, First (Primary),

Second (Immediate), Heart Disease

Duration of Last Sickness, Four Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feby 16th 1886

Undertaker, M. Clarke & Son

Place of Business, 92 S. Amity *Address,* No 102 N. Broadway

Wm. H. Clendinen, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Cer...

Health Department, City of Baltimore.

Permit No. 89532 *Office of Registrar of Vital Statistics.* Ward 18 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT. FEB 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Friday 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. C. Poole

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} - - - - -

Occupation, V - - - - -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 17 Ramsey St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, Ten (10) Days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery.

Date of Burial, February 15-86

Undertaker, F. M. Ebbold

Place of Business #131 Hanover St. *Address,* Office Agent Catholic

J. C. Shuler M. D.
Medical Attendant.

1886

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 89553 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... FEB ... 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony Pfisterer Jr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 5 Hours ~~~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 62 Somerset st

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Feb 15th 1886

Undertaker, H. Hoeck

Place of Business, 309 N Central av *Address,* Camp 6 + R

Edward Clemens M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry A McKewen Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 89534 *Office of Registrar of Vital Statistics.* Ward 13th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizbie Mary Rita Royster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Child of Nancy.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Louis Home

Cause of Death, First (Primary), Intussusception

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Washington

Date of Burial, Feb 15th

Undertaker, John J Leonard

Place of Business, 89 Hollins st

R B Winfield M. D.
Medical Attendant.

Address, Louis Home

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 89535 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 13 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 13 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kestner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Shoe maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 18 Smith Street

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 16 1886

Undertaker, A Rosenberger

Place of Business, 20 Mulberry St

C. Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 89536 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Certificate.

HEALTH DEPARTMENT, BALTIMORE MD. FEB 15 1886

CERTIFICATE OF DEATH.

Date of Death, February 14th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wilbur Dorsey

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 *Years,* 5 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ Single

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 5 yrs 5 months

Place of Death, { Give street and Number. } 120 Orchard Ave

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Enteritis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, Feby 15th 1886

Undertaker, Wm Lyon

Place of Business, 65 Mulberry

J. L. Gillis M. D., Medical Attendant.

Address, 180 N. Bradford

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 89557 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not named Jennie & John Hoodless & Parents

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.} Male

Age, 7 *Years,* 6 *Months.* 22 *Days*

Color, Black

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lee Carlton St

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give Street and Number.} 61 Carlton St

Cause of Death, First (Primary), Meningeal Hemorrhage

Second (Immediate), Compression of Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Feb 15th 886

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette St

J. H. Buchanan M. D.
Medical Attendant.

Address, 1 E Mulberry ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 89538 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Etta - Hoffman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 10 *Months,* 13 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 10 Heath St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), ———

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feby 16 86

Undertaker, Augustus Davis

Place of Business, No 263 Light St Address, 311 N Eutaw St

B. F. Phillips M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

12

Permit No. 89539

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 14th February 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Dignan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Sixteen *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 167 Park Avenue

Cause of Death, First (Primary,) Typhoid fever.

Second (Immediate,)

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks burying ground

Date of Burial, February 17th Geo. V. Collins, M. D.
Medical Attendant.

Undertaker, W Dysart

Place of Business, 151 S Bond St Address 80 N. John St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 89560

Office of Registrar of Vital Statistics

HEALTH DEPARTMENT FEB 15 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 14. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lemon Dorsi Finch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* 11 *Months,* 14 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City,

~~Duration of Residence in the City of Baltimore~~,

Place of Death, {Give street and number.} N. Chapel St. 22.

Cause of Death, First, (Primary.) Croup

Second, (Immediate.)

Duration of Last Sickness, Three Days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 15

Undertaker, W Doyle

Place of Business, 157 E Bond *Address,*

C. H. Fisk *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89561 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Florence Chapman~~ Ervil Goodwin

Sex, ~~*Male or Female*~~, {Cross out the word not required in this line.} Male

Age, 7 *Years,* 4 *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Don't Know

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give Street and Number.} N. & C. Hospital

Cause of Death, First (Primary), Diphtheria

Second (Immediate), asthenia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Home of Rest

Date of Burial, Feb. 16th. 1886

Undertaker, Ph. J. Dill & Son

Place of Business, 183 Columbia Ave *Address,*

T. A. Ashby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Out of Transit [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 89562 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 18[illegible] BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feby 14. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A Grant Eadmon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Insurance Agent

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 471 Mulberry St

Cause of Death, First (Primary), Pleuro Pneumonia

Second (Immediate),

Duration of Last Sickness, about 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy.

Date of Burial, Feby 16th 1886

Undertaker, D Ecker & Mitchell

Place of Business, 530 W. Fayette St *Address,* 471 N Eutaw

J. F. Schinner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Septicaemia

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89563 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER DEPARTMENT
FEB 15 1886
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 15/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Blanche Ignatius Rev Dannemann

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 20 hours *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 333 Myrtle ave

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 15 Feb 1886

Undertaker, Martin Fahey

Place of Business, 128 W Lanvale St *Address,* Park ave 114

F. E. Chatard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 89564 *Office of Registrar of Vital Statistics* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Cullumbine

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, 2 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, Day Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 56 S Gilmore st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Acute inflammation

Duration of Last Sickness, several years confined to house one week

All the above information should be furnished by the Physician.

Place of Burial, Fremont Cemetery

Date of Burial, Feb 16 "

Undertaker, J B Cook

Place of Business, 704 W Baltimore

... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 89565 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 12 /86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary R. Mayers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and Number.} #197 Townsend St

Cause of Death, First (Primary). Pulmonary Apoplexy

Second (Immediate). Exhaustion

Duration of Last Sickness, half hour

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial Feby 16" 1886

Undertaker Wm J. Tickner

Place of Business, 61 S. Eutaw St *Address* Cor Townsend St & Fayette Ave

John S. Huck, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 89566 *Office of Registrar of Vit[illegible]* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 12" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence A Howser

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 10 *Months,* 19 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 227 S Paca St

Cause of Death, First (Primary), Dyptheretic Streptritis

Second (Immediate), Asthenia

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Feby 15" 1886

Undertaker, Wm J Tuckner

Place of Business, 65 S Eutaw St *Address,* 131 Columbia ave

Geo R Graham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 8956[illegible] *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1 0 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 14 th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Myra F. Hammond

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 2 7 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 232 Jefferson St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Congestion of the brain

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Green mt. Cemetery

Date of Burial, Feby 16 1886

Undertaker, M A Dayn Atty

Place of Business, 74 S Bway, Milton N. Taylor M. D.

Medical Attendant.

Address, 138 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 89568 *Office of Registrar of Vital Statistics.* Ward 32

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Thebaus

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 68 N Broadway

Cause of Death, First (Primary), Chronic Cystitis

Second (Immediate), ...

Duration of Last Sickness, Confined to house four months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 17th 1886

Undertaker, John Fake

Place of Business, 201 E Balto St *Address,* 2 N Broadway

D M Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 89569

Office of Registrar of Vital Statistics. Ward 9 Cf

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTM... FEB 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th 10 PM 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} AB Batchen & Lizzie Batchen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 2 hrs *Years,* ~~Months,~~ *Days*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} #49 Courtland St Balto

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give Street and Number.} #49 Courtland St Balto

Cause of Death, First (Primary), Premature birth (7 mos)

Second (Immediate), ~~[illegible]~~ Weakness

Duration of Last Sickness, 2 hrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com

Date of Burial, Feby 15th

Undertaker, H. H. Perkins & Sons

Place of Business, Park & Saratoga

E Jan Hoyt M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89570 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, February 14 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Mulligan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months.* 7 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 5 Ensor Court.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 5 Ensor Court.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 15 th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Paramount Ave *Address,* W. Fremont Ave

J. H. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8957 / *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 14 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Bahn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 10 *Months,* 14 *Days*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give Street and Number.} 237 E Baltimore Street

Cause of Death, First (Primary), Suicide by turning gas on in Room

Second (Immediate), Suffocation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pebble Court

Date of Burial, Feb 15th 1886

Undertaker, Wm. A. Sizer

Place of Business, Health Dept

E Hall Rullidy M. D.
~~Medical Attendant.~~ Coroner

Address, 101 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8952 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 14 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora B Ensor

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 5 *Years,* 4 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} N. & C. Hospital

Cause of Death, First (Primary), Pseudo - Membranous Croup

Second (Immediate), Asphixia

Duration of Last Sickness, Four days

All the above Information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Feb 15

Undertaker, C M Blizzard

Place of Business, 251 Penn ave *Address,* 318 Madison Ave

T. A. Abby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89573 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel B. Freeman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male - "

Age, Sixty-five *Years,* — *Months,* Fourteen *Days*

Color, White -

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md -

Duration of Residence in the City of Baltimore, Lifetime -

Place of Death, {Give Street and Number.} 131 Edmondson av -

Cause of Death, First (Primary), Apoplexy -

Second (Immediate), Paralysis - (Hemiplegia-right side.)

Duration of Last Sickness, One week -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 17th 1886

Undertaker, John J Andrews

Place of Business 149 Druid Hill Ave

E. H. Holbrook - M. D.
Medical Attendant.

Address, 185 N. Gilmor st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8957 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 14 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Glauber

~~*Son, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* 5 *Months,* 14 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, house work

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 21 S. Eighth

Cause of Death, First (Primary), Inoperable Cancer

Second (Immediate), dysp

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery.

Date of Burial, Febuary 16th

Undertaker, Ernst Schlamann

Place of Business, 181. S. Scharp St. *Address,* 248 E. Baltimore St.

J. Mathias M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 89575 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby. 15, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Dvorak

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, ... *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 68 N Durham St.

Cause of Death, First (Primary), Eclampsia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Francis's

Date of Burial, Feby 16/86

Undertaker, Frank Krach

Place of Business, 249 N Durham st. *Address,* 344 E Baltimore st.

J. H. Collins Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89576 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman H Rettmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 6 *Years,* 9 *Months.* 6 *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 182 King St

Cause of Death, First (Primary), Consumption

Second (Immediate), Abscess

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Western C

Date of Burial, Feb 17

Undertaker, B. Heath

Place of Business, 8 West St

A. McC Colburn M. D.
Medical Attendant.

Address, 343 W Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89577 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 14/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hieronymus Geissler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* 6 *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Sailor.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give Street and Number.} 16 Barney St.

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Pauls ch yd

Date of Burial, Feb 16

Undertaker, B. Peter

Place of Business, 62 Hart St

Jno A Smith M. D.
Medical Attendant.

Address, 281 Richards St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8978 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby. 14 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* ~~~ *Months,* ~~~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} # 248 N. Carolina st.

Cause of Death, First (Primary), Valvular Disease of Heart

Second (Immediate), & Paralysis

Duration of Last Sickness, 2½ days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 16 1886

Undertaker, John W Jackson

Place of Business, Gay & Clarkhist *Address,* 305 N. Carolina st.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8957 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnnie Long

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire time

Place of Death, {Give Street and Number.} 136 Lexington

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea

Date of Burial, Feb 17th

Undertaker, John J Cowan

Place of Business, 89 Hollins St

Thomas Buckler M. D.
Medical Attendant.

Address, B. C. H.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87580 *Office of Registrar of Vital Statistics.* Ward 5-9

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Missouri Bedford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 2 *Months,* —— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 110 Stirling St.

Cause of Death, First (Primary), ——

Second (Immediate), Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemy

Date of Burial, Feb 16 1886

Undertaker, Morgan & Pye

Place of Business, #7 Mulberry st

Chas. Brooke Hyde M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89581 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death. Feb 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas D Murphy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frdrct Co Md

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give Street and Number.} No 249 N Eden St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 17th

Undertaker, George Schilling

Place of Business, Ashland & Lyman

O'Mahon M. D.
Medical Attendant.

Address, Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 89582 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 16 1886, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 86.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Susan S. Dunnock

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 43 *Years.* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower.*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland.

Duration of Residence in the City of Baltimore, Bal'm - 15 to 20 yrs.

Place of Death, { Give street and Number. } #132 Barre St.

Cause of Death, First, (Primary,) Phthisis.

Second, (Immediate,) Apnoea & Asthenia.

Duration of Last Sickness, 3 to 4 mos

All the above information should be furnished by the Physician.

Place of Burial Greenmount

Date of Burial, Feb. 17th 1886

Undertaker, C. P. Krause & Son

Place of Business 209 Hanover

Robt. S. Wilson M. D., Medical Attendant.

Address, #152 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 89583 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Lang

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age 65 *Years,* ..... *Months.* ..... *Days*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Street Vendor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give Street and Number.} 191 West Pratt St

Cause of Death, First (Primary), ...

Second (Immediate), Apoplexy

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Edlavo Hill

Date of Burial, Feb 17

Undertaker, B Hall

Place of Business, 82 West St

Jos A Bell M. D.

~~Medical Attendant.~~

Coroner

Address, 10 So Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8958 — *Office of Registrar of Vital Statistics.* — Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Lang

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 466 Front Ave

Cause of Death, First (Primary), Dentition

Second (Immediate), Prostration

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Rood

Date of Burial, Feb 17/86

Undertaker, B. McCann

Place of Business, 82 West St

Chas. Buddenbohn M. D. Medical Attendant.

Address, 166 S. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89585

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 16 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 15 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Woolman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 700 Light St.

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb 16

Undertaker, B. Hall

Place of Business, 82 West St

Thomas Gotta *M. D.*
Medical Attendant.

Address, 1109 Bowers Wf

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within y-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as e can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 89586 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 16 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby. 14 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Meetrotz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 57 Years *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland)

Duration of Residence in the City of Baltimore, 13 Weeks

Place of Death, {Give street and Number.} 256 N. Eutaw St.

Cause of Death, First (Primary), Acute Pulmonary Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Feb 17th 1886

Undertaker Wm Heaver

Place of Business, 202 N Eutaw St

Wm E. Morley M. D.
Medical Attendant.

Address, 248 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 89387 *Office of Registrar of Vital Statistics.* **Ward** 9

HEALTH DEPARTMENT FEB 16 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sunday Feb 15th 86

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Isaiah Stewart

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 49 *Years,* — *Months,* — *Days,*

Color, Col'd

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation Coal dealer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 2 Davis Ct

Cause of Death, First (Primary), Chronic Alcoholism

Second (Immediate), Acute Apoplexy

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 16th 1886

Ellerton M. D.
Medical Attendant.

Undertaker Alex Hendley

Place of Business, 116 Orchard St. *Address,* Park Ave. & Fulton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89588 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 14 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Evans

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 58 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Nil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dale -

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 14th Bowman St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), asthenia

Duration of Last Sickness, 24 -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 16

Undertaker, J. Athens

Place of Business, 28 High

O Sheatt M. D.
Medical Attendant.

Address, 1494 Eden -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 89589

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
FEB 16 1886
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb. 15 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Cox

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 9 *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

~~Duration of Residence in the City of Baltimore,~~

Place of Death, {Give street and number.} 726 E. Monument St.

Cause of Death, First, (Primary.) Meningitis (Cerebro Spinales)

Second, (Immediate.)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, February 17 86

Undertaker, Mc Sanderson

Place of Business, 252 Canton Ave *Address,*

C. K. Fick *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 89599 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1886 BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, Feb. 15 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clara Dorsey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ——— *Years,* 4 *Months,* 10 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation Infant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Co.

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, { Give street and Number. } 168 John St.

Cause of Death, First (Primary), Spina Bifada

Second (Immediate), Cerebral Congestion

Duration of Last Sickness, All of life

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea

Date of Burial, Feb 17th 1886

Undertaker John J. Andrews

Place of Business No 4x6 Druid Hill Ave

J. T. Johnston M. D.
Medical Attendant.

Address, 506 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8959 *Office of Registrar of Vital Statistics.* Ward 11 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. FEB 16 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 15. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver Clayton

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, Years, Months, 15 Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 32 Tyson St

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Asthenia

Duration of Last Sickness, 11 Several days

All the above information should be furnished by the Physician.

Place of Burial, Shaw St Cemetery

Date of Burial, Feb 16/1886

Undertaker, W. W. Madden

Place of Business, 76 East St

J. E. Atkinson M. D.
Medical Attendant.

Address, 19 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 89594 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT, FEB 16 1886

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary F Burke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* ——— *Months.* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 724 Hanover Street

Cause of Death, First (Primary), Natural

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 & 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Feby 17th

Undertaker, Daniel Flynn

Place of Business, 109 West St

J. R. Peters M. D.
Medical Attendant.

Address, 195 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89593 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel & Sarah Giles (Parents)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 4 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 1 Potterry Court

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cem

Date of Burial, Feb 16th 1886

Undertaker, W W Madden

Place of Business, No 46 East st *Address,* City

James A Lewis M. D.
(Medical Attendant)

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry McM Keuen Sanitary Inspector

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8957 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MD. FEB 15 1886

CERTIFICATE OF DEATH.

Date of Death, February 15 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Salvestro Celenidrestri

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 19 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 25 S Caroline ave

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, February 16 1886

Undertaker, Felix Brasseur

Place of Business, 215 S Exeter *Address,* Canton R & R

Thomas A Steiner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Louis Mathias Sanitary Insp

Board of Health, City of Baltimore, 12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT FEB 16 1886 BALTIMORE, MD.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Hinton

Sex, Male or Female, {cross out the word not required in this line.}

Age, 56 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Collector

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 64 Lansing st.

Cause of Death First, (Primary,) Chronic Diarrhoea

Second, (Immediate,) Asthenia

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 18th 1886

Undertaker, Mr Weaver

Place of Business, 202 N Eutaw St

John Dixon M. D.
Medical Attendant.

Address, 261 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89596 *Office of Registrar of Vital Statistics.* Ward 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1936 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feby 16/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Dermott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* ~~11~~ *Months,* 28 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, {Give Street and Number.} 143 Conway st

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral County

Date of Burial, Feb 17th

Undertaker, F. N. Doll

Place of Business, 131 Hanover st *Address,* 158 S Paca st

Jno D Glass M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

2-9
3-

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89597 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED FEB 16 1886 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Feby 16 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, ~~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 71 Centre St

Cause of Death, First (Primary), Tubercular meningitis

Second (Immediate), Anhemia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 18 1886

Undertaker, H. W. JENKINS & SONS UNDERTAKERS Park & Saratoga Sts.

Place of Business,

J. E. Chataroy M. D.
Medical Attendant.

Address, 114 Park.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89598 *Office of Registrar of Vital Statistics.* Ward 13 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1886 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, February 15. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. H. Elmor.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md since birth.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 424 W. Lombard St

Cause of Death, First (Primary), Non-closure of foramen ovale

Second (Immediate), Convulsions

Duration of Last Sickness, since birth.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 16 86

Undertaker, H. M. Leonardson

Place of Business, 782 W. Baltimore *Address,* 202 W. Lombard

A. E. Walls M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89379 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT FEB 16 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Kate Joyce

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 134 Boyd

Cause of Death, First (Primary), Anaemia with Valvular

Second (Immediate), Heart Disease

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Feb. 17/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 283 W. Lombard

Edw F. Nicholson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 89600 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 16. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Watson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 92 W. Fayette St

Cause of Death, First (Primary),

Second (Immediate), Meningitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 17th 1886

Undertaker, Henry K. Mears

Place of Business, 92 W. Fayette St *Address,* 75 E Balt St

J. W. Hinck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87601 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 15. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Freddie Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 15 Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cuba —

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give Street and Number.} 20 Hays St.

Cause of Death, First (Primary), Convulsions

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Charles St. Cemetery

Date of Burial, Feb. 17 1886

Undertaker, H. Ross

Place of Business, 95 Cor. Way St. Address, 177 Sharp St.

E. S. Booze M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8960 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 16 February 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Karl Brinke

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 50 *Years,* — *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Cabinetmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Vorsfelde / Braunschweig / — Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} 16 Bartlett Street

Cause of Death, First (Primary), Suppuration of knee joint

Second (Immediate), Septicaemia

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 18 February 1886

Undertaker, A. Roside

Place of Business, 48 Penn Avenue Address, 211 N. Howard Street

N. F. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89603 *Office of Registrar of Vital Statistics.* Ward 9th

HEALTH DEPARTMENT FEB 3 1896 BALTIMORE, MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Asatta

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 611 Hamburg St

Cause of Death, First (Primary), Spina bifida

Second (Immediate), Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, February 4

Undertaker, Jacob Sons

Place of Business, 28 Light

Medical Attendant. M. D.

Address, 17 E Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89604 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas W. Bette

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* + *Months,* + *Days*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 111 Chew St

Cause of Death, First (Primary), Phthisis Pulmonary & Laryngeal

Second (Immediate), Apnoea — Hemorrhage

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb 18th 1886

Undertaker, A. Fink & Son

Place of Business, 461 W. Lexington St

Joseph F. Perkins M. D.
Medical Attendant.

Address, 111 N. Chew St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89605 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, January 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis A. Mathews

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* — *Months,* — *Days*

Color, Brown & Wid

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anarundel Co Md

Duration of Residence in the City of Baltimore, Twenty five

Place of Death, {Give Street and Number.} 18 S. Dolphin St

Cause of Death, First (Primary), Acute Pneumonia Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury E. Cem

Date of Burial, Jan 17th 1886

Undertaker, J. J. Dole

Place of Business, 173 Jefferson St

Whitfield Winsey M. D.
Medical Attendant.

Address, 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 89606 *Office of Registrar of Vital Statistics.* Ward 19 C/C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB

CERTIFICATE OF DEATH.

Date of Death, February 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret B. Hildebrand

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 51 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, H. w. K.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lancaster Penna

Duration of Residence in the City of Baltimore, Twenty one years

Place of Death, {Give Street and Number.} 406 W. Lanvale St

Cause of Death,
- First (Primary), Apoplexy
- Second (Immediate), Congestion of Brain Acute

Duration of Last Sickness, Sudden Instantaneous

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb. 18/86

Undertaker, Denny & Mitchell

Place of Business, 330 N Fayette

J. W. J. England M. D.
Medical Attendant.

Address, 394 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 17

Permit No. 89607 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 16th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry F. Lang.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 6 *Months,* 7 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} S. E. Cor. Leadenhall & Cross Sts.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Tuberculosis

Duration of Last Sickness, about 12 months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Feby 18th 1886

Undertaker, Julius Kockler

Place of Business, Sharp & Cross Sts. *Address,* 152 Sharp St.

R. J. H. Tall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89608 *Office of Registrar of Vital Statistics* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 16 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} No Christened Parent

Sex, Male or Female, {Cross out the word not required in this line.} J. A. Do W. M. E. Scott X

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 315 N. Henry St

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, Since birth (This case was attended)

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery midwife

Date of Burial, Feb 17 1886 J. N. Clark M. D.

Undertaker, B B Rose Medical Attendant.

Place of Business, 707 N. Balto St *Address,* Balto City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89609

Office of Registrar of Vital Statistics.

Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1 36 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 16 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Hollins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* 16 *Days*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 3 - 11 - 16

Place of Death, {Give Street and Number.} 60 Johnson st

Cause of Death, First (Primary), Burns

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Feb 18

Undertaker, B. Ward

Place of Business, 82 West St *Address,* 313 Light St

W H Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89610

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the Registration of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 17 1 36
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 36

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Gibson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give Street and Number.} 28 Dawson Alley

Cause of Death, First (Primary), Burns of body & Extremities

Second (Immediate), Exhaustion

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, February 18 1836

Undertaker, H. Ross

Place of Business, 95 East Fayette St

C. H. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89611

Office of Registrar of Vital Statistics. Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 17 1 36 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, Feby 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C Grady

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* 24 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md Co.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 211 So. Bethel

Cause of Death, First (Primary), Bronchio-Pneumonia

Second (Immediate), Cerebritis

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, February 18th 1886

Undertaker, D Gaudens Son

Place of Business, 252 Gaston Ave

Geo L Dorsey M. D.
Medical Attendant.

Address, 774 Bond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8961/2 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. FEB 17 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, July 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reuben Edward Bryant

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ~~Years,~~ 5 *Months,* ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 911 Eden St

Cause of Death, First (Primary), Indigestion

Second (Immediate), Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Pleasant

Date of Burial, February 17th 1886

Undertaker, H. Oelschlager Son

Place of Business, 252 Canton ave *Address,* 911 Eden St

E. Fahrney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89613 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Geis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give Street and Number.} #535 N. Gay St.

Cause of Death, First (Primary), Measles.

Second (Immediate), Enteritis.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ct

Date of Burial, Feb 18th 1886

Undertaker, Henry Hoerle

Place of Business, 2309 N Eutaw St *Address,* 347 N. Broadway

John F. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 8961 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 17 '30
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 16/86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hedden Ann

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.} male ~~Female~~

Age, —— *Years,* 13 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} n.w. cor Chase & Eutaw

Cause of Death, First (Primary), unknown

Second (Immediate) Eclampsia

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Dec 18 1886

Undertaker Henry Hock

Place of Business, 319 N. Eutaw St *Address,* 93 Valley st

J. A. Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89615 *Office of Registrar of Vital Statistics.* FEB 3 1886 Ward 5-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 17 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schober

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 1 *Months,* 3 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 167 Sterling St.

Cause of Death, First (Primary), Hydrocephalus acutus

Second (Immediate), Eclampsia

Duration of Last Sickness, 6 wks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer.

Date of Burial, Feb. 18th 1886

Undertaker, Adam Fink Son

Place of Business, 461 W Gay St Address, 245 E Monument

Hunter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89616 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 7 1896 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 14th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Rebecca Morrison

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days*

Color, White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.} √

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city Md

Duration of Residence in the City of Baltimore, 90 years

Place of Death, {Give Street and Number.} 10 Means Row

Cause of Death, First (Primary), Senile Debility

Second (Immediate), Effusion on Brain

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Feb 17 96

Undertaker, Murphy & Sons

Place of Business, No 263 Lydia st

D. A. Cooke M. D.
Medical Attendant.

Address, 100 Forest

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89617

Office of Registrar of Vital Statistics.

Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. FEB 17 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 17, 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes B. Hagan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months.* *Days*

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Milliner. ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 248 Lexington near Arch St.

Cause of Death, First (Primary), Tumor of the womb fibroid.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem.

Date of Burial, Feby 19 1886

Undertaker, Louis Schaefer

Place of Business, 109 N. Freem't

T. P. Morgan M. D.
Medical Attendant.

Address, 119 W. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 89618 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... FEB 17 ... BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Boylan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 4 Newmans court

Cause of Death, First (Primary), ...

Second (Immediate), Paralysis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Feb 18th 1886

Undertaker, Jos H Cook

Place of Business, 1670 W Balto *Address,* 306 N. Eutaw St

C W Nash, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89619 *Office of Registrar of Vital Statistics.* Ward 12th

HEALTH DEPARTMENT FEB 18 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Labour

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, White

~~*Married,* *Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, Forty three years

Place of Death, {Give Street and Number.} 56 Elliott St (Canton)

Cause of Death, First (Primary),

Second (Immediate), Inflammation of the Bowels

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Feb. 19th 86

Undertaker, G. Franc

Place of Business, Bank & Wolfe Sts *Address,* 207 S. Broadway

Nicholas L. Bathiell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89620 *Office of Registrar of Vital Statistics,* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 17th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Fiedler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} # 57 Roe St.

Cause of Death, First (Primary), Meningitis (Basilar)

Second (Immediate), Convulsions

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Feb. 18th 86

Undertaker, G. France

Place of Business, Bauk & Wolff's, *Address,* 243 Aisquith

John H. Kelberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in tho said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 89621 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 18 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Lentz

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} Wife of Michael Lentz

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 44 Lemon St. Locust Point

Cause of Death, First, (Primary,) Caught Cold in Confinement

Heart & Kidney involved

Second, (Immediate,) causing Dropsy

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 18th 86

E. W. Janney, M. D., Medical Attendant.

Undertaker, John Schutt

Place of Business, 265 Aliceanna Address, Highlandtown

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 89622 *Office of Registrar of Vital Statistics* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 18 1886
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs L Bush

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* ..... *Months.* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Essex Co Va

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give Street and Number.} 711 Whitmore st

Cause of Death, First (Primary), ...

Second (Immediate) Consumption

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 18th 1886

Undertaker, Saml W Chase

Place of Business, 198 S Howard

E M Mason M. D.
Medical Attendant.

Address, 711 Whitmore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89623 *Office of Registrar of Vital Statistics.* Ward 20 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 17th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Kimbrey

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 7 / *Months,* 8 *Days*

Color, White

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 365 Saratoga E

Cause of Death, First (Primary), ~~Kidney~~ Eczema

Second (Immediate),

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemtery

Date of Burial, Feb 18th 1886

Undertaker, Geo Lennhoff

Place of Business, 389 W Balto

Louis Ho Horn M. D.
Medical Attendant.

Address, Mulberry & Fayette ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89624 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie S. Feller

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 *Days*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ——— Infant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 83 S Bond St

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give Street and Number.} 83 S Bond St

Cause of Death, {First (Primary), ———

Second (Immediate), Inanition Congenital

Duration of Last Sickness, ~

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 19 1886

Undertaker, G. Franse.

Place of Business, Bank & Wolff

A. Sheppherson M. D.
Medical Attendant.

Address, 88 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8965 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb. 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Horace Livingstone

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* Five *Months,* — *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 147 Hill St.

Cause of Death, First (Primary), Basilar Meningitis

Second (Immediate), Coma

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Feb 18th 1886

Undertaker, John S. Thacher

Place of Business, 150 Camden St

DeLancey H. Barclay M. D.
Medical Attendant.

Address, 33 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That wherever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89626 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 17, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth & Thos. Carey {Parents

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months.* 10 hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 266 Park av

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 266 Park av

Cause of Death, First (Primary), Premature birth & D

Second (Immediate), Inanition

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Feb 18th 86

Undertaker, Martin Fahey

Place of Business, 126 & 128 W. Fayette St. *Address,* 307 Madison Ave

J. B. S. Browne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 89627 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 15 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give Street and Number.} 284 N. Eutaw St

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Chronic Diarrhoea

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Feb 19/86

Undertaker, Chas F. Scriven

Place of Business, 271 N. Eutaw *Address,* 241 Madison Ave

H. Hiss M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89628 *Office of Registrar of Vital Statistics.* Ward 8

HEALTH DEPARTMENT FEB 18 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter W. Hild.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 3 *Days*

Color, W. Hild.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 218 Greenmount Ave.

Cause of Death, First (Primary), Membranous Croup.

Second (Immediate),

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb. 18/86

Undertaker, Kenny, Mitchell

Place of Business, 530 W. Fayette

John L. Frost M. D.
Medical Attendant.

Address, 973. Lexington st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89629 *Office of Registrar of Vital Statistics* 18 1896 Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Friday Feb 14th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Weber

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 321 N Gay St

Cause of Death, First (Primary), Puerperal Septic

Second (Immediate), Acute Peritonitis

Duration of Last Sickness, Seven (7) Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 18

Undertaker, J. W. Albert M. D.

Medical Attendant.

Place of Business, 28 N Eutaw St *Address* 321 E Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89630 *Office of Registrar of Vital Statistics.* Ward 16

HEALTH DEPARTMENT FEB 18 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Febraary 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Rock

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 57 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} M

Occupation, Hackman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Irland

Duration of Residence in the City of Baltimore, 35 Yeay

Place of Death, {Give Street and Number.} No 11 E. Paca St

Cause of Death, First (Primary), "

Second (Immediate), Apoplexy

Duration of Last Sickness, 1/8 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 19 1886

Undertaker, James A Byrne

Place of Business, No 63 N Gay St *Address,* 151 Hanover

J C Burch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or tho Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89631 *Office of Registrar of Vital Statistics.* Ward 5

HEALTH DEPARTMENT FEB 18 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Krebs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* 1 *Months,* *Days*

Color

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Baker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give Street and Number.} #315. E Madison St

Cause of Death, First (Primary), Valvular Diseas of Heart—

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Com.

Date of Burial, Feb 19th 1886

Undertaker, John Keenig A. L. Gage M. D.

Medical Attendant.

Place of Business, 382 Orleans Address, 361 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8963½ *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 18 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 16: 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas F. Barron

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Veterinary Surgeon

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give Street and Number.} 97 Argyle Ave

Cause of Death, First (Primary), Bronchitis Asthma

Second (Immediate),

Duration of Last Sickness, about a month

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, Feb 19th 1886

Undertaker, F. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts *Address,* 201 Madison Ave

C. E. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89633 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Hopkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* 9 *Months,* — *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 21 Franklin St

Cause of Death, First (Primary), "

Second (Immediate), Diabetes

Duration of Last Sickness, Must all [illegible] Was Called in only a few days before his death

All the above information should be furnished by the Physician.

Place of Burial, Friends Cem Baltimore Co Md

Date of Burial, Feb 19th 1886

Undertaker, H. & J. Enkins & Sons

Place of Business, Park & Saratoga

Thomas Shearer M. D.
Medical Attendant.

Address, 16 W. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8963 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 18 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Aloysius Buzzyan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 2 Months. 16 Days

Color, White

~~Married~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 221 Madison Ave

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Feby 20th 1886

Undertaker, H. W. JENKINS & SONS UNDERTAKERS Park & Saratoga Sts.

Place of Business,

C. E. Madison M. D.
Medical Attendant.

Address, Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 89635 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 17 July 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Wilson Hairston

Sex, Male or Female, {Cross out the word not required in this line.} Hairston

Age, 65 *Years,* *Months,* *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and Number.} 65 S Charles St

Cause of Death, First (Primary), unknown

Second (Immediate), Apoplexy of Brain

Duration of Last Sickness, 11 hours

All the above information should be furnished by the Physician.

Place of Burial, Oak Hill Va.

Date of Burial, February 18th 1886

Undertaker H. W. JENKINS & SONS UNDERTAKERS Park & Saratoga Sts,

Place of Business,

C. W. Dodge M. D.

Medical Attendant

Address 110 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89636 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb: 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Church

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoe Cutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 2 Jefferson St

Cause of Death, First (Primary), Softening of the brain

Second (Immediate), old age

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feby 19th

Undertaker, Evans & Spence

Place of Business, 60 E Balto St

Francis A. Sauer M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 89637 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT, FEB 18 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter J Noaker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5-7 *Years,* 11 *Months,* 16 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} C

Occupation, Locksmith & Bell Hanger

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 3-5 Years

Place of Death, {Give street and Number.} 13 Hanover St

Cause of Death, First, (Primary,) Atrophy Liver

Second, (Immediate,)

Duration of Last Sickness, 14 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 18th 1886

Undertaker, Armstrong Penny

Place of Business, 763 Eighth

Wm Correll M. D., Medical Attendant.

Address, 154 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89638 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 17, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Graff

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* One *Days*

Color, W

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 248 German St.

Cause of Death, First (Primary), Old age

Second (Immediate), Sudden Heart Failure

Duration of Last Sickness, 4 hrs

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery (P. E.)

Date of Burial, February 20th/86

Undertaker, W. Cadogan

Place of Business, 227 Battery St. *Address,* 306 N. Eutaw

C. W. Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89639 *Office of Registrar of Vital Statistics.* Ward 4/1

HEALTH DEPARTMENT FEB 18 1886 BALTIMORE, MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 17th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Clausmyer

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 22 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cigar maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Long

Place of Death, {Give Street and Number.} 120 E. Lombard

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 19th 86

Undertaker, H. H. Hofmann

Place of Business, 63 N. Eutaw *Address,* 245 E. Baltimore St

F. Mathieu M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8764 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 hours *Years,* *Months,* *Days*

Color, White "

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 9 N. H. Place

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, Feb 1886

Undertaker, James O'Byrne

Place of Business, No 63 N Front *Address,* 17 N. Paca St

Geo. B. Lonsdale M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 89641 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Sitig

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ✓ *Years,* 11 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 45 Granby

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate), Diphtheria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, February 19th

Undertaker, W. Duffy J. W. P. Bates M. D.
Medical Attendant.

Place of Business, 151 E. Bond *Address,* 78 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 39742 *Office of Registrar of Vital Statistics.* Ward 13 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 3 1886 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Feb 1 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda A Hetherington

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 8 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housemaid

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 910 S. Greene St.

Cause of Death, First (Primary), Aortic Stenosis

Second (Immediate), Asphyxia

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Centre

Date of Burial, Feby 14th 1886.

Undertaker, Phil Gerwald

Place of Business, 35 S. Eutaw *Address,* 170 W Baltimore St.

D. H. Gould M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8964-3 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 1886 BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Morrison

Sex, Male or Female {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give Street and Number.} Univ. Hospital

Cause of Death, First (Primary), Head injuries & Compression

Second (Immediate), Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feby 19/86

Undertaker, J. T. Steinacker

Place of Business, Lamb & 2nd

R. B. Warfield M. D.
Medical Attendant.

Address, U of H

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89647 *Office of Registrar of Vital Statistics,* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH BOARD FEB 18 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, February 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. H. Griffin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Atty at Law

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give Street and Number.} 66 E. Patterson Park ave.

Cause of Death, First (Primary), —

Second (Immediate), Cardiac Paralysis

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Febry 19. 1886

Undertaker, M. A. Daugherty

Place of Business, 74 S. Bway

Jos C Bengues M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89645 *Office of Registrar of Vital Statistics.* Ward 5 2/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE MD

CERTIFICATE OF DEATH. 74

Date of Death, Feby 18 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Celestin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Ger. Orphan Asy. Aisquith st.

Cause of Death, First (Primary), Diphtheria Pharyngitis

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity st cem

Date of Burial, February 19 1886

Undertaker, Wm. Sanders & Son

Place of Business, 252 Canton av

J. H. Collenberg M. D.
Medical Attendant.

Address, 744 E. Balto. st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8964 6 *Office of Registrar of Vital Statistics.* Ward 5 9 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

23

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Watkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty-1 *Years,* and *Months,* 7 *Days*

Color, Brown

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give Street and Number.} W. 12 Mechanic's Court

Cause of Death, First (Primary), Intussception

Second (Immediate), Convulsion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, Feb 19, 1886.

Undertaker, Wm H. Hickman

Place of Business, 234 & 236 Gay St *Address,* 120 N. Greene St.

F. B. Gardner M. D.
Medical Attendant.

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rules [illegible]

Health Department, City of Baltimore.

Permit No. 89647 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feby 18 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Stewart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* 7 *Months,* 13 *Days*

Color, White

~~*Married, Single*~~, *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} 118 Baker St

Cause of Death, First (Primary), Chronic Dyspepsia

Second (Immediate),

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feby 19. 1886

Undertaker, John Lee

Place of Business, 210 Balto St

H. J. Stowell M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89648 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE, MD.

Date of Death, Feby 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Stroman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 169 S Chapel St-

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, ½ hour

All the above information should be furnished by the Physician.

Place of Burial, H. Old Thanksgiving Ground

Date of Burial, Feby 20th 1886

Undertaker, W. D. Tilpen

Place of Business,

Thos. A. Lewis M. D.
Medical Attendant.

Address, Canton 76 & 72

Paul A. Lilpen
Person giving Information

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Sheet.

Health Department, City of Baltimore.

Permit No. 89649 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Febry 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. & Virginia Infant - Gardner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 1/2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} Cor Fort & Light Sts

Cause of Death, First (Primary), ...

Second (Immediate), Premature Birth

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 19th

Undertaker, B. Hale

Place of Business, 82 West St,

Oetbrake M. D.
Medical Attendant.

Address, 110 Fort Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89650 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. FEB 19 1886

CERTIFICATE OF DEATH.

Date of Death, February 19 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Stentler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 59 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Yrs

Place of Death, {Give Street and Number.} 604 Light St

Cause of Death, First (Primary), ...

Second (Immediate), Acute Phthisis

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 21

Undertaker, B. Hall

Place of Business, 82 West St *Address,* 110 Fort Ave

H. O. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ... hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ... be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause ... death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8965 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE MD

CERTIFICATE OF DEATH

Date of Death, February 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth E. Lentz

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} N. E. Cor. Front & Lexington Sts

Cause of Death, First (Primary), Effusion in Pericardium

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Aphonses Cem.

Date of Burial, Feb. 20th

Undertaker, B. Harle

Place of Business, 82 West St

Lentzell M. D.
Medical Attendant.

Coroner
Address, 161 So Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89652 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 19th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schlein

~~Sex, Male or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give Street and Number.} 158 Laudenhall St.

Cause of Death, First (Primary), Alcholism

Second (Immediate), Bright's disease

Duration of Last Sickness, 17 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Feb. 21st. 1886

Undertaker, Ph. J. Dill & son

Place of Business, 183 Columbia *Address,* 226 Mulberry St

Louis Chas. Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 89653 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 19- 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. H. Becker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——— ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} US ——

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give Street and Number.} 257 West

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 4 days —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 20th 1886

Undertaker, D. F Laynn

Place of Business, West & Creek Sts. Geo A Straus M. D. Medical Attendant.

Address, 224 Montgomery

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 89657 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feby 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Archabald T. Coale

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* ..... *Months.* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, minister

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, {Give Street and Number.} 135 Hanover St

Cause of Death, First (Primary), ...

Second (Immediate), Pulmonary tuberculosis

Duration of Last Sickness, Two or 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Va

Date of Burial, Feby 19th 1886

Undertaker, D Fenny & Mitchell

Place of Business, 550 W Fayette St

J. M. Hundley M. D.
Medical Attendant.

Address, 22 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4046 Transit

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89653 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary W. Read

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Northampton Co. Va.

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 631 E. Fayette St.

Cause of Death, First (Primary), Pleuropleurisy

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Northampton Co Va

Date of Burial, Feby 21st 1886

Undertaker, Dennis & Mitchell

Place of Business, 534 E. Fayette St *Address,* 538 E. Fayette St.

L. D. Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4047 Frank

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89656 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 19
BALTIMORE

CERTIFICATE OF DEATH.

a

Date of Death, Feb 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give Street and Number.} No 53 Carlton St

Cause of Death, First (Primary),

Second (Immediate), Cancer of Stomach

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Shars St Cemetery

Date of Burial, Feb 19th/86

Undertaker, Wm N Dimmee

Place of Business, East St

James A Steuart M. D.

~~Medical Attendant.~~

Address, Cumb Rd & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W B Roberts Sanit. Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 89657 *Office of Registrar of Vital Statistics.* **Ward** 9E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 18. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days,*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 57 St Paul St

Cause of Death, First (Primary),

Second (Immediate) Scrofula

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 19th 1886

Undertaker W. A. Sisson

Thos. J. Ware M. D.
Medical Attendant.

Place of Business, Health Office *Address,* 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87658 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 18[illegible] BALTIMORE MD

CERTIFICATE OF DEATH. a

Date of Death, Feb. 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas F. Rinick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* 6 *Months.* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tinner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 727 W. Baltimore St.

Cause of Death, First (Primary), [illegible]

Second (Immediate), Hemorrhagic Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feb 21/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 167 Hollins ave

F. T. Benson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89659 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... FEB 19 ... BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McMahan

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 53 *Years,* 10 *Months,* 18 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} # 319 E Monument Street

Cause of Death, First (Primary), Eczema

Second (Immediate), Exhaustion

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 20th

Undertaker, Geo Schilling

Place of Business, Ashland Ave *Address,* # 29 Aisquith Street

Samuel Powell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89660 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE MD

Date of Death, Feb 19 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Krones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 2 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 91 Ridgely st

Cause of Death, First (Primary), Measles

Second (Immediate), Bronchitis & Pneumonia

Duration of Last Sickness, 6 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Lauderpark Cem

Date of Burial, Feb 21 Th 1886 *Thomas Cole* M. D.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address,* 460 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89661 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Wallace

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ~ *Years,* 8 *Months,* *Days*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give Street and Number.} 2 Browns Court

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 19 1886

Undertaker, Alex Steinbeck M. Warfield M. D.

Medical Attendant.

Place of Business, 6 Orchard Address, Balto Md Jackson

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 89662 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb. 18th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. Berman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} "

Age, *Years,* 4 *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 19 Brewers alley

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 14 Brewers alley

Cause of Death, First (Primary), Suddenly ?

Second (Immediate), Angina Pectoris

Duration of Last Sickness, about 15 minutes

All the above information should be furnished by the Physician.

Place of Burial, W. B. Cemetery

Date of Burial, Feb 19 1886

Undertaker, Fred. A. Kuchus

Place of Business, Health Office

Wm A. Jones M.D.

Coroner

~~Medical Attendant.~~

Address, 322 Hollin st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 89663

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE, MD.

Date of Death, 18th February 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Wallis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ Two Months, ~~Days.~~

Color, Ed ~~Sex,~~ Female

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 27 Mason's Alley.

~~Duration of Residence in the City of Baltimore~~,

Place of Death, {Give street and number.} 27 Mason's Alley.

Cause of Death, First (Primary,) Catarrh.

Second (Immediate,)

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Feb 19 - 1886

Undertaker, W W Madden

Place of Business, 46 East [illegible]

Geo. J. Collins, M. D.
Medical Attendant.

80 N. John St., Baltimore

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordnined, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8966 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Febry 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Winter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} 59 Hampstead St

Cause of Death, First (Primary), Chronic Parenchymatous Nephritis

Second (Immediate), Uremia

Duration of Last Sickness, One (1) year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Feby 21

Undertaker, Wendell Dysart

Place of Business, 151 S Bond

Medical Attendant. J. W. Stone M. D.

Address, 59 Hampstead

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89665 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Meyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* 3 *Months,* 21 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} # 219 Henrietta st

Cause of Death, First (Primary), Uraemic Convulsion

Second (Immediate), Coma

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Febry 21st 1886.

Undertaker, Phil Oeswald

Place of Business, 35 S. Eutaw

C. L. Buddenbohm M. D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 89666

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89666 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD. FEB 19 1886

CERTIFICATE OF DEATH.

Date of Death, February 18 [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Murphy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give Street and Number.} 113 Pitts st.

Cause of Death, First (Primary), 1

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 4 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 20 th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* [illegible]

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8966

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8966 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled Out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Schmitt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 96 Lancaster St.

Cause of Death, First (Primary), Malaria

Second (Immediate), Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Franklin Cemetery

Date of Burial, 20 Feb 1886

Undertaker, John C Schuh

Place of Business, 265 Aisquith *Address,* 96 S Ann St

A. V. Gonzales M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 17681

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

(14) 14

Permit No. 89668 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. Henry Johnston

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, + *Years,* 10 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 414 Mulberry St

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 5 or 6 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feb. 20th 1886

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 23 E Lanvale

H. Friz *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and use and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 17, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry B. Sadler

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bookkeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Mc. McClean cor. Mt. Royal Ave. Hosp. City Infirmary

Cause of Death First, (Primary,) Gout. Bright's Dis. Chron. (Gran. Kidney) Hyper-

Second, (Immediate,) Uraemia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Feby 20th 1886

Undertaker, F. Lewis Schaefer

Place of Business, 109 N. Fremont

T. Barton Bruce M. D.
Medical Attendant.

Address, 365 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 89670

Board of Health, City of Baltimore,

Permit No. 89670 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE

Date of Death, Feb. 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Knight

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} None Maryland

Duration of Residence in the City of Baltimore, Born Here

Place of Death, {Give street and Number.} 262 Lexington St

Cause of Death, First, (Primary,) Gastric Carcinoma

Second, (Immediate,) "

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb. 20/86

Undertaker, Denny & Mitchell

Place of Business, 530 N Fayette.

Chas. D. Riley M. D., Medical Attendant.

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 6771

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8967 1 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, February 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. S. Vansant

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Laurence Male

Age, 65 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give Street and Number.} 129 N Mount st

Cause of Death, First (Primary), Congestion Brain & Lungs

Second (Immediate), Effusion on Brain

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Galena Kent Co

Date of Burial, Feb 20/86

Undertaker, Denny & Mitchell

Place of Business, 530 W Lafayette

Geo A. Cooke M. D.
Medical Attendant.

Address, 110 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4049 Transit

No. 89672

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89672 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 19 1889 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, February 18th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenora Woods

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 49 Robert St

Cause of Death, First (Primary), —

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Feby 20 89

Undertaker, J. M. Troll.

Place of Business, 131 Hanover St. *Address,* 53 Lee St.

E. Sellman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87673 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CLERK'S OFFICE FEB 20 1886 BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, February 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Stahle

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 33 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 19 E. Monument St

Cause of Death, First (Primary), Child birth

Second (Immediate), Pyaemia - exhaustion

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 21st

Undertaker, George Schilling

Place of Business, Ashland Square

John S. Lynch M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 7674

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8674 *Office of Registrar of Vital Statistics.* Ward 9 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. G. Garner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* 10 *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co Maryland

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give Street and Number.} N. E. corner of Charles & Centre Sts

Cause of Death, First (Primary), Bright's Disease of the Kidneys

Second (Immediate), Asthma and Coma

Duration of Last Sickness, nearly a year

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Co Md

Date of Burial, Feb 20th 1886

Undertaker, W H Jenkins & Sons

Place of Business, Park & Lexington

S. E. Chew M. D.
Medical Attendant.

Address, 141 E. W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4048

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

8 4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH FEB 20 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 18 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander H. Stump

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* 11 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, President of Merchants National Bank

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 245 St. Paul Street

Cause of Death, First (Primary,) Diabetes Mellitus

Second (Immediate,) Gradual exhaustion

Duration of Last Sickness, Medical attendance 2½ years

All the above information should be furnished by the Physician.

Place of Burial, Balt Co on his farm

Date of Burial, Feb 20th 1886

Undertaker, W. H. Jenkins & Sons

Place of Business, Park & Saratoga

W. T. Howard M. D.
Medical Attendant.

Address 181 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 89676 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 20 1886 BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, 19th Feby 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary McCoy

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 76 *Years,* *Months,* *Days.*

Color, W

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Bach

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } Aged Womens Home

Cause of Death, First, (Primary,) Bowel Abscess

Second, (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial St Pauls Cemetery

Date of Burial, Feb 20th 1886

Undertaker, W H Jenkins & sons

Place of Business, Park & Saratoga

Geo H Epler M. D., Medical Attendant.

Address, 1 W Saratoga Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8767

Office of Registrar of Vital Statistics.

Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 20 1886
BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 19-1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Keller

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 27 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, nil.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 80 L Inc Eldery

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, 2 Mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Feb 22 d 1886

Undertaker, John Kenning

Place of Business, 382 Organs

D. Shutt M. D.
Medical Attendant.

Address, 160 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89678

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89678 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A. Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give Street and Number.} 13 N Dover St

Cause of Death, First (Primary), Cirrhosis of the Liver

Second (Immediate), Dropsy

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb 21st 1886

Undertaker, John Hennig

Place of Business, 382 Orleans St

Steven Boyle M. D.
Medical Attendant.

Address, 419 N Dover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

8 C

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 20 1886
BALTIMORE, MD.

J+

CERTIFICATE OF DEATH.

Date of Death, February 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Robinson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Dark Mulatto *Sex,* Male

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, {Give street and number.} Balto City Jail

Cause of Death, First (Primary,) Pleurisy

Second (Immediate,) & Effusion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemty

Date of Burial, Feb 20th 1886

D. P. Hoffman *M. D.*
Medical Attendant.

Undertaker, M. A. Sisson

Place of Business. Health Office *Address* 299 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

No. 17000

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89680 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* — *Months,* — *Days*

Color, Colored

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} * 70 Elbow Lane

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 21 1886

C. L. Buddenbohn M. D.
Medical Attendant.

Undertaker, H Ross

Place of Business, 94 E or W Way St *Address,* 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7841

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89681 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver Diggs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 m/s *Months,* ..... *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give Street and Number.} 126 York St.

Cause of Death, First (Primary), ...

Second (Immediate), Marasmus

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 20, 1886

Undertaker, Hercules Bros

Place of Business, 95 Eau Way St *Address,* 262 State St

R. M. Hoare M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8900[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89684 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cooper

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* ..... *Months,* ..... *Days*

Color, Col.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give Street and Number.} No 67 Stricklon Alley

Cause of Death, First (Primary), ...

Second (Immediate), Marasmus

Duration of Last Sickness, Two Months

All the above information should be furnished by the Phycician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 22 1886

Undertaker, Wm Nunez

Place of Business, 62 East St

B. D. Tilcomb M. D.
Medical Attendant.

Address, 516 N. Balt. St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 89683 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CITY REGISTRAR'S OFFICE FEB 20 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feby 18th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ina. Julia A. Elsam

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, Seventy-seven *Years,* One *Months,* Four *Days,*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All of life

Place of Death, { Give street and Number. } 246 Townsend St.

Cause of Death, First (Primary), General Paralysis

Second (Immediate), " "

Duration of Last Sickness, about two years

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feby 21st 1886 Silas Baldwin M. D.

Undertaker John R Monahan Medical Attendant.

Place of Business, 298 Penna ave *Address,* 152 Townsend st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 89684

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89684 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 9. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lester Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ameerite

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 17 York St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. St. Cemetery

Date of Burial, Feb. 21st

Undertaker, V. H. Chase

Place of Business, 18 S. Howard St.

C. O'C Boyd — M. D.
Medical Attendant.

Address, 177 Charles

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 0

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89685 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1896 BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna F. Augustus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* 7 *Months,* 1 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 169 S. Howard st.

Cause of Death, First (Primary),

Second (Immediate), Double Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Feby 21 1896

Undertaker, G. W. Chase

Place of Business, 199 Howard St. *Address,* 262 Sharp st.

R. M. Hall *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89686 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 20 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Emma Lefevre

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 7 *Months.* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give Street and Number.} 726 W. Pratt St.

Cause of Death, First (Primary), Miscarriage fatal Sept fall

Second (Immediate), Peritonitis

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 22/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 645 N. Howard St

H. H. Gorsuch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 5963

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 89687 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 20 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 19. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Flora Edna Kinsler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} East Lehigh

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 327 Lanvale St.

Cause of Death, First (Primary), Cardiac disease - Enlargement of Liver albuminous urine

Second (Immediate), Dropsy

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park cemetery

Date of Burial, Feb 21 1886

Undertaker Jos B Cook

Place of Business No 707 W Baltimore St

Hanbury Brown M. D.
Medical Attendant.

Address, 6 S Mt Cullock St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5220

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89688 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Sellers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 26 Selma Place

Cause of Death, First (Primary), Trismus Nascentium

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feb. 20/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 707 W. Baltimore

John [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8968[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89689 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

a

Date of Death, Febuary 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Raphaelli Fozzi

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* 6 *Months,* ~~~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 76 Albemarle St

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate),

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Feb 1886

Undertaker, Wm. A. Sisson

Place of Business, Health Office *Address,* 2 N Broadway

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7890

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89690 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 19 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Heuldt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 21 Concord St.

Cause of Death, First (Primary), ~~Variola~~ Pneumonia Ascending Axel of Lung

Second (Immediate), Asphyxia

Duration of Last Sickness, 2 Years & 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Schwartz Cemetery

Date of Burial, Feb 21st 1886

Undertaker, Henry Diehl

Place of Business, Henrietta St *Address,* 1 St East

H. Thomas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 8969 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8969 1 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 20 1886
BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Graham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} 1

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 108 Washington Ave

Cause of Death, First (Primary), Dentitio difficilis

Second (Immediate), Convulsions

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 21st 1886

Undertaker, Ernst Schloman

Place of Business, 181 S. Sharp St. *Address,* 179 S. Sharp St

Wm Gowdey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8 7692

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89692 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Febr. 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Beatty

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 75 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 135 S. High St.

Cause of Death, First (Primary), Chronic Diarrhea

Second (Immediate), Exhaustion & old age

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feb 21st 1886

Undertaker, Henry F. Mears

Place of Business, # 22 W. Fayette St. *Address,* 325 E. Baltimore St.

D. L. Dawson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 89693

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89693 *Office of Registrar of Vital Statistics:* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 19 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Howard

Sex, ~~*Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, W

Married, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, No

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 28 Health's

Cause of Death, First (Primary),

Second (Immediate), Rheumatism Heart

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feby 22th 1886

Undertaker, Chas T Scruton

Place of Business, 211 N Eutaw St

J H Patterson M. D.
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89694 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 19, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrika Schuttke

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* 8 *Months.* 16 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~None~~ ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 24 S. Wolfe St.

Cause of Death, First (Primary), Phthisis Pulmonalis,

Second (Immediate), Exhaustion.

Duration of Last Sickness, Eight months.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Conv

Date of Burial, Feb 21 1886

Undertaker, G Franc

Place of Business, Bank & Wolfe St

George H. Rohé, M. D.
Medical Attendant.

Address, 139 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89695

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89695 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Du Bungnet

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} No. 67 Old Town St

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, Feb. 22nd 86

Undertaker, G. Franc

Place of Business, Bank & Wolfe *Address,* 20 S. Bond

W. Galt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7696

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7696 *Office of Registrar of Vital Statistics.* Ward 21st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th. February 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franciska Bialowiska

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give Street and Number.} S. Dallas Street 242

Cause of Death, First (Primary), Abscess, Pneumonia

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Feb. 22nd 86

Undertaker, G. Frank

Place of Business, Frank & Wolfe Bros. *Address,* S. Wolfe St

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 1697

Health Department, City of Baltimore.

Permit No. 8969

Office of Registrar of Vital Statistics.

Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie M. Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.}

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Tuberculosis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Feb 20 1886

Undertaker, Wilhelm Dreyer

Place of Business, 626 E 1st st

Address,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 12

Permit No. 89698 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Feby. 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kriener

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1. ~~Years~~, 9 *Months,* 8 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give Street and Number.} 65 Walnut Alley

Cause of Death, First (Primary), Typho Malarial Fever

Second (Immediate), Exhaustion.

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home.

Date of Burial, Febr. 22.

Undertaker, Walter Immel

Place of Business, 315 W. Biddle, *Address,* —

H. Rickert *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 17699

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87699 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabel Matthews

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Coal

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give Street and Number.} No. 225 Canton Ave

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 23d 1886

Undertaker, M. McClarke & Son

Place of Business, 92 O. Ave *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 8700

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8700 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH FEB 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 19, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James D. Gosten

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* 7 *Months,* 21 *Days*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Drayman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 81 George

Cause of Death, First (Primary), Intussusception

Second (Immediate), Exhaustion

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 22 1886

Undertaker, Rec Reinecke

Place of Business, 116 Orchard

Geo. A. Fleming M. D.
Medical Attendant

Address, Franklin & Green

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 89701 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1636
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feby 18 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Eliz'a Elizabeth Kurtz

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single*~~, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 306 Myrtle Av.

Cause of Death, First (Primary), Hypertrophy of Left Heart—

Second (Immediate), Pneumonia Abscess—

Duration of Last Sickness, " About 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, Feb 22nd 1886

Undertaker Wm Weaver

Place of Business, 202 N Eutaw St

Henry Chandlee M. D.
Medical Attendant.

Address, 181 Linden Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89702 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED FEB 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 17th '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, About 35 Years Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Unknown

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Pneumonitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Probably about one week

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Feb 20 1886

Undertaker, Fred K. Strickmann

Place of Business, Health Office

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within nty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89703 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BUREAU OF STATISTICS
FEB 20 1926
BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, July 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Dill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 3 *Months,* 10 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 10 Calender Alley

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Diphtheritic Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Feb. 21/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 298 W. Lombard St.

H. W. Webner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89704 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Margaret Lory

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 168 Pearce St.

Cause of Death,
First (Primary), Atelectasis Acute
Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 21st 1886

Undertaker, M. Cadogan

Place of Business, 227 Mulberry St

F. Allen. M. D.
Medical Attendant.

Address, 188 Fawn Alley

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89705 — *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 21 1886 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, Feby 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Coates

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 346 Hanover St

Cause of Death, First (Primary), Marasmus

Second (Immediate), Congestion Brain

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feby 21

Undertaker, B. Hasle

Place of Business, 62 West St

D. A. Cook M. D.
Medical Attendant.

Address, 110 Fort Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89706 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 21 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 20. 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L. Ashland

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 23 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore. Since birth.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 456 W. Pratt St.

Cause of Death, First (Primary), Arterial Hemorrhage

Second (Immediate), Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 22nd

Undertaker, John Teufel & Son

Place of Business, No 379 W. Pratt St

A. L. Watts, M. D.
Medical Attendant.

Address, 282 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 7707

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7707 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 21 BALTIMORE

Date of Death, Feb. 20—1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Gilmore

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days*

Color, Col.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give Street and Number.} No. 2 Salisbury Alley.

Cause of Death, First (Primary), Burnt (1st degree) — included upper 3/4 of body.

Second (Immediate), —

Duration of Last Sickness, 1/2 hour

All the above information should be furnished by the Physician.

Place of Burial, Asbury E. Comet

Date of Burial, Feb. 21, 1886

Undertaker, W. M. Dunnee

Place of Business, East St.

Alexander Hill M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89708 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 21 BALTIMORE

Date of Death, Febr. 20th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margareth Doerfler

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 75 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prussia Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 154 N. Chapel st.

Cause of Death, First (Primary), Asthenia

Second (Immediate), old age

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem.

Date of Burial, Feb. 22. 1886

Undertaker, H. Sander & Son.

Place of Business, 252 Canton Av. *Address,* 325 E. Balto. st.

P. L. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 1107

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89709 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Feb. 20th. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen N. Myers.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 227 E. Chase St.

Cause of Death, First (Primary), Acute Congestion of Brain with Secondary Meningitis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Feb 22nd/86

Undertaker, George Schilling

Place of Business, Ashland Square

Wilmer Benton M. D.
Medical Attendant.

Address, Chase St & Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 11710

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 89710 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19/86

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rhoda Rhine

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 2 / *Years,* + *Months,* + *Days,*

~~*Color*~~

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 47 S. Gilmor

Cause of Death, First (Primary), Phtisis Pulmonalis —

Second (Immediate),

Duration of Last Sickness, 6 months —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feb. 22/86

C. C. McDowell M. D.
Medical Attendant.

Undertaker J. B. Cook

Place of Business, 707 W. Balto. *Address,* 638 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89711 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 22 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Foster

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 9 S Eaton St

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Meningitis Cerebral

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Feby 22 Ft 1886 by Thomas Cole M. D.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Eager Sts *Address,* 440 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba

Health Department, City of Baltimore.

Permit No. 8972 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH D... FEB 22 ... BALTIMO...

CERTIFICATE OF DEATH.

Date of Death, Feb 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Whelan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* 8 *Months,* 11 *Days*

Color, White

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give Street and Number.} 268 N. Chas St.

Cause of Death, First (Primary), Cancer Stomach

Second (Immediate), 3 or 4 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 23rd 1886

Undertaker, Nelson Edelen Bros

Place of Business, Park & Saratoga

J. Dalton M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8713 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 22 96 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 21st 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bartlow

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 21 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 575 Eight

Cause of Death, First (Primary), Creosote Poisoning

Second (Immediate), Acute Gastritis

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feby 23d/96

Undertaker, E. Harle

Place of Business, 182 West

O. A. Condra M. D.
Medical Attendant.

Address, 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89714 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 20 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emeline Linn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 272 Hanover

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 22d 1886

Undertaker, F. Lewis Schafer

Place of Business, 109 N Howard *Address,* 101 Barre

J. W. Webb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8975 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 22 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 20th February 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Emma E Sutton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty one (21) Years, Six. (6) *Months,* 2 11 Eleven. *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, No occupation.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Md.

Duration of Residence in the City of Baltimore, About Sixteen Months.

Place of Death, {Give Street and Number.} No 306 Mosher Street. Balto.

Cause of Death, First (Primary), Tuberculosis.

Second (Immediate), Pulmonary Tuberculosis (Consumption)

Duration of Last Sickness, About Eight Months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feby 23d 1886

Undertaker, F. Lewis Schafer

Place of Business, 1094 Fremont Address, 47 Franklin St.

W C. Van Bibber M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8716 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 19th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Dekker.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* 9 *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Dairy Maid.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, All his life.

Place of Death, {Give Street and Number.} 371 S Charles St.

Cause of Death, First (Primary) Organic Valvular Disease of Heart,

Second (Immediate) Bright's Disease.

Duration of Last Sickness, 7 Months.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Feby 22d 1886

Undertaker, F Lewis Schaefer

Place of Business, 109 N Freemon Address, 275 Lexington

John L Phelps M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87717

Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT FEB 22 1886 BALTIMORE MD.

Date of Death, Feb 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Matthews & Creasie A. Matthews

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 1 Days

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow*~~ or ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 4 Jefferson Court

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Feb 22nd 1886

Undertaker, Chas S. Butler

Place of Business, 132 N Caroline St *Address,* Balto

James A Steuart M. D.

~~Medical Examiner.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89718

Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

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CERTIFICATE OF DEATH.

Date of Death, Feb - 20 - 1886 -

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann. Mc Nulty

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 76 *Years,* 2 *Months.* *Days*

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, { Give Street and Number. } 547 E. Eager St

Cause of Death, First (Primary), Fatty Degeneration of Heart -

Second (Immediate), Exhaustion -

Duration of Last Sickness, 6 Days -

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cem.

Date of Burial, Feb. 23d 1886

Undertaker, Adam Fink & Son

Place of Business, 116 E. Eager St. *Address,* 234 N. Broadway

G. F. Saylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89719 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 22 BALTIMORE MD

Date of Death, Feb. 21st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Dadeo,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, about 17 Years.

Place of Death, {Give Street and Number.} 17 N. Chapel St.

Cause of Death, First (Primary), Bilious Remitt. Fever.

Second (Immediate), Old Age.

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Feb. 23d 1886

Undertaker, Adam Finkelson

Place of Business, 461 N. Gay St. *Address,* 347 N. Broadway.

John H. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89720

Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately~~ filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 22 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Febr. 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Malone

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} female

Age, 60 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} married

Occupation, ~~.....~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Wales, England

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give Street and Number.} 1 Eutaw at Locust Point

Cause of Death, First (Primary), Cancer of Uterus

Second (Immediate), ...

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks cem.

Date of Burial, Febr 22. 1886

Undertaker, H. Saunders & Son

Place of Business, 262 Eastern Av. Address, 325 E. Baltimore St.

P. L. Daniels M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89721 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or so soon, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 22 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 20 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M Wolf

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* 5 *Months,* 18 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 30 Years

Place of Death, {Give Street and Number.} 268 S Ann Street

Cause of Death, First (Primary) Accidentally fell through hole of Steamer Francisco

Second (Immediate), Fracture of Skull & Cerebral Concussion

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Feby 22, 1886

Undertaker, H. Saunderson

Place of Business, 252 Canton Ave

C H Mullen M. D.
Medical Attendant

Address, 24 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89722

Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 22 BALTIMORE MD

CERTIFICATE OF DEATH

Date of Death, Feb. 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Fisher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} W

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give Street and Number.} 93 Lee st.

Cause of Death, First (Primary),

Second (Immediate), Cancer of Rectum

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Union Cemetery

Date of Burial, Feb 22 1886

Undertaker, D. Whan

Place of Business, 190 Howard st

R. M. Hall M. D.
Medical Attendant.

Address, 262 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89723 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 22 18[illegible] BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 21st 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie V. Norris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 6425 S Charles St

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feby 22nd 1898

Undertaker, [illegible]

Place of Business, [illegible] *Address,* [illegible]

Theodore Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89724 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or later, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 22 1894
BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, Feb 21st 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theo Leifert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} ♂

Age, — *Years,* 3 *Months,* 23 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Back of White Lead Works

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Spasmus

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, 22nd Feb 1894

Undertaker, B. Hardy.

Place of Business, 82 West Pr

James A. Sloan M. D.
Medical Attendant.

Address, Canton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89725 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 22 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, February 20th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Klein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Tinner & Furnace Worker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Marburg Germany

Duration of Residence in the City of Baltimore, 12 Yrs.

Place of Death, {Give Street and Number.} Eutaw St cor Rose all

Cause of Death, First (Primary), Cold & Exposure

Second (Immediate), Brights Disease

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feby 23th 1886

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Louis Chs Horn M. D.
Medical Attendant.

Address, Mulberry & Hyde Alley.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89726 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 22 BALTIMORE MD.

Date of Death, Feb 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years;~~ 7 *Months,* ~~Days~~

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St Vincents

Cause of Death, First (Primary), Marasmus

Second (Immediate), Ex

Duration of Last Sickness, Lifetime

All the above Information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Feb 21st 1886

Undertaker, Hammond Lake

Place of Business, Division St

H. Flannery M. D.
Medical Attendant.

Address, 404 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89727 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 22 BALTIMORE MD.

Date of Death, Feb 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* —— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 41 Vincents

Cause of Death, First (Primary), Marasmus

Second (Immediate), Ex.

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Feb. 21st 1886

Undertaker, Maynard Lake

Place of Business, Division St.

D J F Lamury M. D.
Medical Attendant.

Address, 404 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89728 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 2 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday 2/5/1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude M. J. Hoff

Sex, Male or Female, {Cross out the word not required in this line.} Female Ehuff

Age, 31 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} 934 Hollins Ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Marasmus

Duration of Last Sickness, Ten (10) days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Feb 4th 1886

Undertaker, Henry Hoeck

Place of Business, 512 W Pratt St

W. Bliss M. D.
Medical Attendant.

Address, 934 Hollins Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 09729 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 22 BALTIMORE

Date of Death, Febry 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angeline Rickerd

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days*

Color, Wh

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Montgomery Co. Md

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give Street and Number.} 46 W. Sager St "

Cause of Death, First (Primary), Cardiac Failure

Second (Immediate), Syncope and Asphyxia from capid Bronchial effusion

Duration of Last Sickness, about 2 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feb 22 1886

Undertaker, Joseph B Cook

Place of Business, 107 W Baltimore

(Mrs. R. died a few minutes after I entered the room — I never saw or attended her until then)

Wm I Lockwood M. D.

Medical Attendant.

Address, Park Ave & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89730 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 22 86

BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, February 21 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hutt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 10 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 533 Sept St

Cause of Death, First (Primary),

Second (Immediate), Erysipelas

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemtry

Date of Burial, Feb 23 1886

Undertaker, J B Cook

Place of Business, 707 W Baltimore

C A Carter M. D.
Medical Attendant.

Address, 110 Forest

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

13
13

Permit No. 89731 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 22 1886
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 21 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Kelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City Ward

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 600 Lemmon st

Cause of Death, First (Primary), Burned

Second (Immediate), Exhaustion

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Feb 23rd 1886

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore

D. L. Lyons M. D.
Medical Attendant.

Address, 3 J W Lemmon st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 18

Permit No. 89732 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 20/84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Edwd Croggin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 8 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give Street and Number.} 44 Wyatt Alley

Cause of Death, First (Primary), Dentition.

Second (Immediate), Pneumonitis

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feb. 22 1884

Undertaker, J. B. Cook

Place of Business, 707 & 709 Balto St

Jno D Blake M. D.
Medical Attendant.

Address, 158 Lancaster

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 19753 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPART... FEB 22 ... BALTIMORE

Date of Death, July 20 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James D. Donahue

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 05 05 *Years,* ... *Months,* ... *Days*

Color, W.

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ship Joiner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U S A

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} 919 E Pratt

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Apnoea

Duration of Last Sickness, 9 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 23rd 1886

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Geo. L. Dintaman M. D.
Medical Attendant.

Address, 919 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89734 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Burk

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 52 *Years,* — *Months,* — *Days*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City Md.

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give Street and Number.} 600 Lexington St.

Cause of Death, First (Primary), A woman has been engaged to clean the Cause of decease which she has been doing for a year past, bruised a corn Second (Immediate), Gangrene with Chronic Erysipelas which necessitated amputation of toe which culminated in Gangrene

Duration of Last Sickness, June 1st November 1885

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb. 23/86

Undertaker, Denny & Mitchell

Place of Business, 550 N Fayette

J. Harris M. D.
Medical Attendant.

Address, 558 N Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 89735 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... FEE ... BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 21 —

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willis L Brown (Boom)

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 13 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 88 Chestnut St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Tuberculous Meningitis

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial. Asbury Cemetery

Date of Burial. Feb 23, 1896

Undertaker, W W Madden

Place of Business, 76 East St

Daniel V Moyer, M. D., Medical Attendant.

Address, 192 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 89736 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... FEB

CERTIFICATE OF DEATH.

Date of Death, Feby 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hezekiah Ringgold

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* *Months,* *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Truck Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 91 Sterling St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery

Date of Burial, Feb 22 nd 1886

Undertaker, Wm Madden

Place of Business, 46 East St

Daniel V Mayer M. D., Medical Attendant.

Address, 193 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89737 *Office of Registrar of Vital Statistics.* Ward 18 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Burris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* 11 *Months,* *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter, (retired)

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} 278 Columbia avenue

Cause of Death, First (Primary), Acute Pleurisy

Second (Immediate), Asphyxia

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Febuy 29/886

Undertaker, John Lake

Place of Business, 291 Balto st

Geo R Graham M. D.
Medical Attendant.

Address, 136 Columbia avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Use of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89738 *Office of Registrar of Vital Statistics.* Ward 82

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, February 22 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Quinn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~41 E Madison~~ Ireland

Duration of Residence in the City of Baltimore, Abt 36 years

Place of Death, {Give Street and Number.} 41 E. Madison St.

Cause of Death, First (Primary), Asthma

Second (Immediate), Exhaustion

Duration of Last Sickness, Abt 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Feby 24th

Undertaker, Evans & Spence

Place of Business, 60 E Balto St

J. H. Robinson M. D.
Medical Attendant.

Address, 25 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89739 *Office of Registrar of Vital Statistics.* Ward 4-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, February 21st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Williamson.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 43 years.

Place of Death, {Give Street and Number.} # 46 Aisquith Street

Cause of Death, First (Primary), Paralysis.

Second (Immediate), Asthenia.

Duration of Last Sickness, Six weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Feby 24th

Undertaker, Evans & Spence

Place of Business, 60 E. Balto St.

David F. Powell M. D.
Medical Attendant.

Address, # 29 Aisquith Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87740 *Office of Registrar of Vital Statistics.* Ward 15 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED FEB 23 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Le. Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 22. *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 170 So. Howard St

Cause of Death, First (Primary), Bilious Fever -

Second (Immediate), Typhoid Malarial " "

Duration of Last Sickness, Abt 2 Weeks -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 23 1886

Undertaker, Hercules Ross

Place of Business, 95 Con Ways St *Address* 161 So Sharp St

Jno A. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 89741 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 23 1888, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 22d 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno W Cook

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 - *Years,* *Months,* *Days.*

Color,

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} Aged Women's Home

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial Baltimore Co

Date of Burial, Feb 23rd 1888

Undertaker, H E Wilson & Son

Place of Business, Park & Saratoga

Geo H. Eyster M. D.,

Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8974 2 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1886 BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, Feby 22/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. G. Lauer

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* 5 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 9 N. Carey (Hundred)

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Bonie Brea

Date of Burial, Feb 24

Undertaker, John J. Bowan

Place of Business, 69 Hollins St

Jno A Fleck M. D.
Medical Attendant.

Address, 15 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8743 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb- 21st-1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McKitrick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Forty Five (45) *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland - Eighteen Years (18)

Duration of Residence in the City of Baltimore, Eighteen (18) years

Place of Death, {Give Street and Number.} St. Joseph's Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia -

Duration of Last Sickness, 15 mos. - (Fifteen Months)

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 23d

Undertaker, H. C. Windefeld

Place of Business, 90 Aisquith Ave

O. J. Cookery M. D.
Medical Attendant.

Address, St Joseph's Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8974 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED FEB 23 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis D. Pfeiffer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 62 Somerset St

Cause of Death, First (Primary), The Puerperal State

Second (Immediate), Septicaemia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemy

Date of Burial, Feby 24, 1886

Undertaker, Henry Heath

Place of Business, 309 N Central Ave

S. O. Stoner M. D.
Medical Attendant.

Residence or Address, 62 Cay St Harlem

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8974 5 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, February 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Moran

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} No 2 Kupper Place

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 3/5 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cem

Date of Burial, Feb 24th 1886

Undertaker, Jas B Cook

Place of Business, No 707 W Balto *Address,*

L. P. McGuinness M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 89746 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 22d, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles G. Masson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Thirty nine *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Builder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Maryland.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No. 29 N. Broadway.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, Thirteen weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feby 26th 1886

Undertaker, Denny & Mitchell

Place of Business, 66 S Broadway

Wm. H. Claudius, M. D.
Medical Attendant.

Address, Res. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87747 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel B Fallon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 145 Johnson Ave

Cause of Death, First (Primary),

Second (Immediate), Congestion of Brain & Convulsions

Duration of Last Sickness, 14 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, February 24

Undertaker, B Hull

Place of Business, 62 Wolfe St

Thomas Coyle M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89748 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT FEB 23 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Febru 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florenza Creel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 8 *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Dur Life

Place of Death, {Give Street and Number.} 553 Leigh St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Feby 24th 1886

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address,* 110 Fortar

O. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89749 *Office of Registrar of Vital Statistics.* Ward 20th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelson Chapman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, Coloured

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 3 Little Pine St

Cause of Death, First (Primary), Consumption (Pulmonary)

Second (Immediate), "

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Shop of Cemetery

Date of Burial, Feb 23 1886

Undertaker, Wm. Manger

Place of Business, 62 East St

Address, 87 N. Paca St

J. C. Hammer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89750 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 23 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 21- 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Quinn

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 43 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 yrs —

Place of Death, {Give Street and Number.} 58 Barney St

Cause of Death, First (Primary), —

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 Week —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 24th 1886

Undertaker, Jas O'Byrne

Place of Business, 63 Front St

Grant Shaw M. D.
Medical Attendant.

Address, 226 Montgomery

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8751 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT FEB 23 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feb. 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar Lewis

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, ... *Years,* 8 *Months,* ..... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S.

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 12 Miller St

Cause of Death, First (Primary), Marasmus

Second (Immediate), Inanition.

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetary

Date of Burial, February 24th

Undertaker, John M. Oertel

Place of Business, 210 E. Balto. st. *Address,* 186 Aisquith St

A. J. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8752

Office of Registrar of Vital Statistics. Ward 11

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 21 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie A. Horan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} Child

Occupation, Child

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 116 S High St

Cause of Death, First (Primary),

Second (Immediate), Cerebro Spinal Meningitis

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cy

Date of Burial, Feb 23 1886

Undertaker, Jos O Byrne

Place of Business, 63 Frank

Mrs. M. Thornton M. D.
Medical Attendant.

Address, 88 S Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89753 *Office of Registrar of Vital Statistics.* Ward 1 84

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 73 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 23d 1886 2d Friday

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Liddle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* 6 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 19 Camden St

Cause of Death, First (Primary), —

Second (Immediate), Septicaemia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Feb. 25th 86

Undertaker, G. Frames

Place of Business, Bank & Wolf *Address,* 53 Eutaw St

E. J. Mitchum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89757 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 17 to 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget McCann

~~Sex, Male or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Nun

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 Years.

Place of Death, {Give Street and Number.} Hillman St & Webster alley

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Several Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemt

Date of Burial, Feb 23d 1886

Undertaker, Geo P Byrne

Place of Business, Front st

Chas O'Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT FEB 23 1886 BALTIMORE MD

Permit No. 87755

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelson Watts

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 188 Hughes St.

Cause of Death, First (Primary), Chronic Intemperance

Second (Immediate), Convulsions

Duration of Last Sickness, Hr.

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cem'y

Date of Burial, Feby 22/86

Undertaker, F A Kirchner

Place of Business, 30 Harlem

Med. Bell M. D.

Medical Attendant.

Coroner 8th Dist.

Address, 164 Hughes St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 89756 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 22/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester M Russell

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~AA~~ None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 49 Yrs

Place of Death, {Give street and number.} 89 Elizabeth Lane

Cause of death, First, (Primary,) [illegible]

Second, (Immediate,) Paralysis

Duration of Last Sickness, was called in a few hrs before death

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, Feb. 24 10 11

Undertaker, B. Harle

Place of Business, 82 West St.

L. B. Parelle M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89757 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 23—

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Aug. Schultz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 6 *Days*

Color, white

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, — — — — — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} US

Duration of Residence in the City of Baltimore, 26 dys

Place of Death, {Give Street and Number.} 263 Johnson St

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Cerebral Haemorrhage —

Duration of Last Sickness, 4 dys —

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Feb 24

Undertaker, B Ward

Place of Business, 82 West St

Geo A Straus M. D.
Medical Attendant.

Address, 226 Montgomery St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 87758 *Office of Registrar of Vital Statistics.* Ward 11 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23. 1886"

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clouzo Kenney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 9 *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charlottsville Va

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and Number.} 25 Druid Hill Ave.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 1 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Charlottsville Va.

Date of Burial, Feb 25 1886

Undertaker, Alex Hemsley

Place of Business, 1162 Orchard St

H D Booker M. D.,
Medical Attendant.

Address, 1571 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4050 Daniel

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89759 *Office of Registrar of Vital Statistics.* Ward 5-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death. Feb 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Hawkins

Sex, Male or Female, {Cross out the word not required in this line.} "

Age, 35 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 2 Forrest St.

Cause of Death, First (Primary), Heart Disease

Second (Immediate), ...

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 23 1886

Undertaker, William Devries

Place of Business, 62 East St

E. B. Fenby M. D.
Medical Attendant.

Address, 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89760 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 23 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 22. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. R. Thompson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 220 N. Dunbar Pl.

Cause of Death, First (Primary), Infantile Convulsions, Lung

Second (Immediate), Pneumonia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Feb. 24th 1886

Undertaker, Wm. A. Bunger

Place of Business, 62 East St.

H. L. Link M. D.
Medical Attendant.

Address, Balt. & Front Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89761 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 25 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 22d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Williamson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 5 weeks

Place of Death, {Give Street and Number.} London House S. Broadway

Cause of Death, First (Primary), Not named in back

Second (Immediate), Hemorrhage

Duration of Last Sickness, 33 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 23 1886

Undertaker, A. Sander & Son

Place of Business, 952 Caton Av *Address,* 346 S. Broadway

D. J. Hoffman M. D.
Post Mortem Surgeon

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89762 *Office of Registrar of Vital Statistics.* Ward 9a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Febry 21/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paulino Rizo

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 6 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Spun

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 6 yrs.

Place of Death, {Give Street and Number.} 10 D Gay st.

Cause of Death, First (Primary), Dyspnoea

Second (Immediate), Asthma

Duration of Last Sickness, 48 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Mt Vernon's Cem

Date of Burial, February 28th

Undertaker, W Coffrel

Place of Business, 157 S Bond

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89763 *Office of Registrar of Vital Statistics* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB

C

CERTIFICATE OF DEATH.

Date of Death, Febuary 23. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Gremplen

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 3 *Months,* 13 *Days*

Color,

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 270 Light str.

Cause of Death, First (Primary), Puerperal fever

Second (Immediate), Septicaemia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 25th 1886

Undertaker, [illegible]

Place of Business, 263 Light

L. Hilliard M. D.
Medical Attendant.

Address, 918 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 8976 — Office of Registrar of Vital Statistics — Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OF BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 23d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. E. Hayward

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 6 Months, 7 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 106 Fort Avenue

Cause of Death, First (Primary), Debilitation

Second (Immediate), Convulsions

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. cemetery

Date of Burial, Feb 25/1886

Undertaker, [illegible]

Place of Business, 263 Lytle

P. H. D. Irby M. D.
Medical Attendant.

Address, 50 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8765 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

8

CERTIFICATE OF DEATH.

Date of Death, Febmay 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Dyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 404 Federal St.

Cause of Death, First (Primary), Dentition - Convulsions, Basilar

Second (Immediate), effusion and Exhaustion

Duration of Last Sickness, Five days —

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Feb 24th 1886

Undertaker, Henry W. Myers

Place of Business, 22 W. Fayette St. *Address,* Charles & Centre Sts.

L. H. Scaff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89766 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 22d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty eight Years, — Months, — Days

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married ✓

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anarundel Co Md

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give Street and Number.} No 152 Spring st.

Cause of Death, First (Primary), Valvular Disease of Heart

Second (Immediate), Dropsy - Exhaustion

Duration of Last Sickness, 1 " Two Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury B. Cemetery

Date of Burial, Feb 24th 1885

Undertaker, I J Locks

Place of Business, 473 Jefferson *Address,* 116 E. Fayette Street

Whitefield Winsey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 8976 *Office of Registrar of Vital Statistics.* Ward 4 2

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Tyson alias Joseph Tinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and Number.} #3 Burgess Alley

Cause of Death. First (Primary),

Second (Immediate) Hemorrhage from Throat Surgical

Duration of Last Sickness. 30 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 24 1886

Undertaker J J Lo Ab

Place of Business, 713 Jefferson

G. Wootten M. D.
Medical Attendant.

Address, 324 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Memorandum Below, etc.

Board of Health, City of Baltimore,

Permit No. 89768. *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THE PROPER CERTIFICATE.

HEALTH DEPARTMENT FEE BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby. 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan W. Abbott

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Forty-five *Years,* ——— *Months,* Eleven *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 245 Penn. Ave.

Cause of Death, First (Primary), Consumption

Second (Immediate), Consumption

Duration of Last Sickness, almost two years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 24

Undertaker C W Bloxgard

Place of Business, 207 Penn

Silas Calvin M. D.
Medical Attendant.

Address, 152 Jones Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87769

Office of Registrar of Vital Statistics. Ward.....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriett Harris

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Do not know Baltimore Co

Duration of Residence in the City of Baltimore, Do not know 12 yrs

Place of Death, {Give Street and Number.} 706 Saratoga St

Cause of Death, First (Primary), Do not know Purulent Meningitis

Second (Immediate), Coma in seven days

Duration of Last Sickness, Do not know about 8 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, Feb 24

Undertaker, John H. Owens

Place of Business, 172 Pearl St

W W Mc Neal M. D.
Medical Attendant.

Address, 221 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

See following certificate

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89769 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Harris

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* ~~~ *Months,* ~~~ *Days*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 706 Saratoga St

Cause of Death, First (Primary), Mitral cardiac disease

Second (Immediate), Peritonitis ? acute endometritis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mark St Cemetery

Date of Burial, Feb 24th 1886

Undertaker, John H. Owens

Place of Business, 172 Pearl St

W. T. Councilman M. D.
Medical Attendant.

Address, Johns Hopkins Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89770 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT FEB 24 BALTIMORE, MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

7 B

CERTIFICATE OF DEATH.

Date of Death, Tuesday Feb 23rd 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Daily

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married V

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Roxbury Massachusetts

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} Residence 263 S Bond (Died Suddenly at 11 Nurse St)

Cause of Death, First (Primary), Dilated Heart

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, " Died Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 26 1886

Undertaker, John W. Jackson

Place of Business, Gay & Caroline

Wilmer Brinton M. D.
Medical Attendant.

Address, Law St & Forrest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89771 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 23, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Tindell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* ..... *Months,* ..... *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 419 E. Preston St.

Cause of Death, First (Primary), Hepatitis

Second (Immediate), Ascites

Duration of Last Sickness, About four Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Ct

Date of Burial, Feb 25 - 1886

Undertaker, Henry Hock

Place of Business, 909 N Eutaw St *Address,* 431 Broadway

W. B. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89772 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Schuman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 94 E Madison st

Cause of Death, First (Primary), Tuberculosis

Second (Immediate),

Duration of Last Sickness, 3 Mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 28th 1886

Undertaker, Henry Hock

Place of Business, 209 N. Eutaw *Address,* [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 8977 3 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Mathews

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 9 *Months,* ——— *Days.*

Color, Black

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 2 Penn Alley.

Cause of death, First, (Primary,) Pleuro Pneumonia

Second, (Immediate,)

Duration of Last Sickness, Feb 16th 1886

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Feb 25th 1886

Undertaker, Alex Wensley

Place of Business, 116 Orchard St

H. J. Loftfield M. D.,
Medical Attendant.

Address, 205 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8977 *Office of Registrar of Vital Statistics.* Ward 5-2

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 22. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Aaron.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Ex Police Captain

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, 54 Years,

Place of Death, {Give Street and Number.} 182 N Carolina St.

Cause of Death, First (Primary), Empyema.

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb 24 86

Undertaker, Archard Dean

Place of Business, No 262 Light St

F. W. Chambers M. D.
Medical Attendant.

Address, 133 N Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the following Rules,

Health Department, City of Baltimore.

Permit No. 89775 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 27 1886, BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Foote & Mary Foote

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Nr 115 Vincent alley

Cause of Death, First (Primary), ...

Second (Immediate), Inanition

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Cooks Village Road

Date of Burial, Feb 24 1886

Undertaker, William Deuzer

Place of Business, No 62 East St

Wm K Warner M. D.
Medical Attendant.

Address, 280 N. Strata

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89776

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, February 25 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sergeant A. A. Ritter

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Soldier

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give Street and Number.} 96 S. Fulton Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Laudenbach Cem

Date of Burial, Feb. 26/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

W. R. McCann M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89777 *Office of Registrar of Vital Statistics* Ward 9 1

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 23d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Mittelkamp

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 66 *Years,* 5 *Months,* 2 *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 64 Center Mkt Space

Cause of Death, First (Primary), Malignant Stricture of Pylorus

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 24th

Undertaker, C. Schloman

Place of Business, 181 S. Sharp St

D. H. Gould M. D.
Medical Attendant.

Address, 64 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the

Health Department, City of Baltimore.

Permit No. 89778 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 20/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* 11 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 223 Hughes St

Cause of Death, First (Primary), Dropsy

Second (Immediate), Old Age

Duration of Last Sickness, About 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, Feb 24th 1886

Undertaker, F. A. Leuchauer

Place of Business, Health Office

Julius Hall, M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89779 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Richd & Catherine Ridgway

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1/12 *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 49 Bayard Street

Cause of Death, First (Primary), Premature Injury

Second (Immediate), Premature

Duration of Last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, 24th Feb 86

Undertaker, Joseph B. Cook

Place of Business, 707 W Balto

James A Lewis M. D.
Medical Attendant.

Address, Same

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

J. W. Thorne
Sec. Supt.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 89780 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 86 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jessie E. Hopkins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} # 195 Hughes St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 195 Hughes

Cause of Death, First (Primary), Suffocation Croup

Second (Immediate),

Duration of Last Sickness, 6 days

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 25th 1886

Geo. H. Braun M. D.
Medical Attendant.

Undertaker Armstrong & Conroy

Place of Business, 268 Light

Address, 166 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Health Department, City of Baltimore.

Permit No. 89781 *Office of Registrar of Vital Statistics* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Febᵛ 23ᴰ 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Rist

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 77 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Tobacco Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} We believe Vermont

Duration of Residence in the City of Baltimore, about 35 or 40 yrs

Place of Death, {Give Street and Number.} 244 W. Pratt st

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Co. County.

Date of Burial, February 25th.

Undertaker, F. N. Frall

Place of Business, 131 Hanover st

R. C. Lee M. D.
Medical Attendant.

Address, Hanover & Baltimore sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89782 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 86 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lloyd H. Chilton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 11 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States if of foreign birth.} Cambridge Dorchester Co Md

Duration of Residence in the City of Baltimore, 5 mos —

Place of Death, {Give Street and Number.} 46 Canary St

Cause of Death, First (Primary), Cerebral Effusion.

Second (Immediate), Inflammation of Bronchia

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, February 25th

Undertaker, F. M. Troll. Louis Bell M. D.

Place of Business, 413 Hanover *Address* 161 S Eutaw St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4053 Transit

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89783 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

74

CERTIFICATE OF DEATH.

Date of Death, Feb'y 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William King Wallace

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Child

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give Street and Number.} 1 Mad Row, Between Eutaw & Sarah

Cause of Death, First (Primary), Marasmus

Second (Immediate), Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westminster Church Yard

Date of Burial, Feby 25th 1886

Undertaker, Steward & Mowen

Place of Business, 35 Park ave

H. H. Hann M. D.
Medical Attendant.

Address, 1 Mad Row, City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Physicians

Health Department, City of Baltimore.

Permit No. 89784 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... FEB ... BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 23, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ellingfeld

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} ←

Age, 40 *Years,* 9 *Months,* 7 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 85 Fredk ave

Cause of Death, First (Primary), Acute Nephritis

Second (Immediate), ~~Co~~ Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feby 25, 1886

Undertaker, John P Barkus

Place of Business, 66 Fred ave

James Foley M. D.
Medical Attendant.

Address, 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89785 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 23. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Amelia Paulus.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Phila. Pa

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 412 Federal St.

Cause of Death, First (Primary), Puerperal Fever

Second (Immediate), Exhaustion.

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, Feby 25/86

Undertaker, H. C. Wiedefeld

Place of Business, 90 Green Mt Ave *Address,*

J. Rickets *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Transit 4052

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89786 — *Office of Registrar of Vital Statistics.* — Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. FEB 24 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 22d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John William Sickert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Two *Years,* Seven *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Child

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Two Years & 7 Months

Place of Death, {Give Street and Number.} No 370 O. Eager Street

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Apnea

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Febuary 25th 1886

Undertaker, J D Rassing

Place of Business, 125 Orleans Street

John W. Pickel M. D.
Medical Attendant.

Address, 256 N. Eden Street,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 89787 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 28 – 86 6 30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Kelly

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} 154 S. Charles St

Cause of Death, First (Primary), was attended at the Dispensary for Bronchitis.

Second (Immediate),

Duration of Last Sickness, for several months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters County

Date of Burial, Feby 25th.

Undertaker, F. M. Tosh.

Place of Business, 131 Hanover St.

G. H. Chabot M. D.
Medical Attendant.

Address, Dispensary 112 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89788 *Office of Registrar of Vital Statistics.* Ward 15

HEALTH DEPARTMENT RECEIVED BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF ~~DEATH~~.

Date of Death, Feb 25th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Huth. —

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* 2 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany. —

Duration of Residence in the City of Baltimore, 49 yrs

Place of Death, {Give Street and Number.} Cor Hanover & Hamburg. S.E.

Cause of Death, First (Primary), Epithelioma of Rectum

Second (Immediate), Exhaustion. —

Duration of Last Sickness, 3 yrs. —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 25th 1886

Undertaker, P. Hoerle

Place of Business, West St. *Address,* 226 Montgomery St.

Geo A Straus — M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87789

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 23" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline England

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* 8 *Months,* 4 *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give Street and Number.} 661 Light St

Cause of Death, First (Primary), General Debility

Second (Immediate),

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feby 25th 1886

Undertaker, Wm Fiedler

Place of Business, 661 E Eutaw St *Address,* 1187 Fort Ave

C. C. Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Card.

Board of Health, City of Baltimore.

Permit No. 89790 *Office of Registrar of Vital Statistics.* Ward 19 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February — 25/1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac G. Vold

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Years, 61 — Months, Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Whip Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} York Co. Pa

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and Number.} 23 Monticello St

Cause of Death, First (Primary), Bright Disease

Second (Immediate), Heart Trouble

uration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 26. 1886

Undertaker Wm. H. Hickman

Place of Business, 284 W. Pr. *Address,* 369 Madison Avenue

F. W. Ecker — M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89791 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Friday 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lisa E. Forsyth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 191 William St

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, February 25.

Undertaker, B. Harbe

Place of Business, West St 82.

J. Buck M. D.
Medical Attendant.

Address. 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89792 *Office of Registrar of Vital Statistics.* Ward 3rd

HEALTH DEPARTMENT FEB 25 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Burgess

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 146 S. Bond St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, Six Months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 26th 1886

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Nicholas L Dashiell M. D. Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 89793

Office of Registrar of Vital Statistics.

Ward 1 8L

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 25 1886
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George T. Burke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 61 S. Arlington Ave.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, About 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feby 26 '86

Undertaker, M. Shaw & Son

Place of Business, 92 Olm

James L. McShane M. D.
Medical Attendant.

Address, 40 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Health Department, City of Baltimore.

Permit No. 8979 f *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 25 1886 BALTIMORE MD.

a

b

CERTIFICATE OF DEATH.

Date of Death, Feb. 23 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl Krumpf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months.* *Days*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 3 years six Months

Place of Death, {Give Street and Number.} South end of John st Tunnel

Cause of Death, First (Primary), Struck by an engine

Second (Immediate), and died instantly

Duration of Last Sickness, instantaneous

All the above information should be furnished by the Physician.

Place of Burial, Cemetery Druid Hill Park

Date of Burial, Feb 25th 1886

Undertaker, John J Andrews

Place of Business, No 416 Druid Hill Ave

Wm A. Jones M. D.

Coroner ~~Medical Attendant.~~

Address, 322 Hollins st city.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 8979 5

Office of Registrar of Vital Statistics.

Ward 2 C

HEALTH DEPARTMENT FEB. 25 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 23d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Schloss

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clothier

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty Five years

Place of Death, {Give Street and Number.} 217 S. Broadway

Cause of Death, First (Primary), Rheumatism,

Second (Immediate), Paralysis of the Heart,

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Belair Avenue } Hebrew Cemetery

Date of Burial, Feby 26

Undertaker, Evans & Spence } Nicholas L. Bathell, M. D.

Place of Business, 60 E Balto St } *Address,* 207 S. Broadway

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89796 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 25 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Feby 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Danl McGrath

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give Street and Number.} 170 N Front

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feby 26

Undertaker, Evans & Spence

Place of Business, 60 E Balto St *Address,* 170 N Front

Geo B. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89797 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1886 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, Feb 24. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy" Jenkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 9 Jenkins alley

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 25 1886

Undertaker, Alex Hennsley

Place of Business, Marchand & *Address,* 177 Sharp St

C. S. Bonzo M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 13

Permit No. 87798 *Office of Registrar of Vital Statistics.* Ward ~~11~~

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 24th Feb 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul Gale

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~ *Years,* 7 *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt^e City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 51 Boyd

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, St Joseph Cem

Date of Burial, 26th Feb 1886

Undertaker, J. F. Cowen

Place of Business, 89 Hollins St

James A Steuart M. D.
~~Medical Attendant.~~

Address, Court House

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending ~~the Burial~~, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

J. W. Thomas
Sanitary

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89799 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 24 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melinda Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dallo

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 20 Ohio Av.

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 26 1886

Undertaker, H. Ross

Place of Business, 95 Eon Ward Address, 22 Shaw St

C. L. Bozé M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 17800

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89800 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 24 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Styles

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days*

Color, Clk

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B, City

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give Street and Number.} 78 Church Ln

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Feb 25 1886

Undertaker, H. Ross

Place of Business, 95 Con Way & *Address,* 313 Light

[signature] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89801 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT, FEB 25 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 25th 7 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Bradford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 14 *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cuba

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 7 Stockton Alley

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 26 1886

Undertaker, William Bowyer

Place of Business, 62 East St

H. K. Webner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases ... Certificate.

Health Department, City of Baltimore.

Permit No. 87805 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 25 1886
BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, February 25 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry P. Hubner

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, — *Years,* 1 *Months,* 6 *Days*

Color, wh

Married, Single, Widow or Widower, {Cross out the words not required in this line.} √

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 122 S Broadway

Cause of Death, First (Primary), ...

Second (Immediate), Bronchitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet cem

Date of Burial, Feb 26

Undertaker, H Bollman & Co

Place of Business, 53 E Lombard St *Address,* Broadway & Fayette

Jno C Benjamin *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 9 a 85

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 85803 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Wednesday, Feb 27th 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Tierney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 4 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 6 Concord St.

Cause of Death, First (Primary), Acute Chorea

Second (Immediate), Exhaustion.

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Feb 26th 1884

Undertaker, Jos E Byrne

Place of Business, 5 E Lexington

Wilmer Brinton M. D.
Medical Attendant.

Address, 20 Chas St & Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89804 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 26 1886

CERTIFICATE OF DEATH.

Date of Death, Feby 25-th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice D. Sedwick

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* 10 *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 183 N. Hunt st

Cause of Death, First (Primary), Acute Rheumatism

Second (Immediate), Endocarditis

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co Md

Date of Burial, Feb 26 1886

Undertaker, Denny & Mitchell

Place of Business, E. Fayette St *Address,* 127 Aisquith

Danny Still M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89805 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 25 88

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. W. Shipley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* Six *Months,* Two *Days*

Color, white

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give Street and Number.} #604 Lancaster

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, German United Cemetery.

Date of Burial, Feby 26th 1886

Undertaker, Wm Sievers

Place of Business, 258 Alice Anne St

H. S Warner M. D.
Medical Attendant.

Address, #576 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 870

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89806 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 23/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick a McLaughlin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} /

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bald. city Md.

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give Street and Number.} 83 D. Chappui

Cause of Death, First (Primary), Invagination of the bowels

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemtry.

Date of Burial, Feby 24th 1886

Undertaker, Wm Sinclair

Place of Business, 238 Mice Anne St.

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 O'Bradway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 8[illegible]

Health Department, City of Baltimore.

Permit No. 89807 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

C

Date of Death, Feb. 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Backmeyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 22 Lee St

Cause of Death, First (Primary), Enteritis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 26th 1886

Undertaker, C. F. Krause & Son

Place of Business, 209 ½ Conner

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

Health Department, City of Baltimore.

Permit No. 89808 *Office of Registrar of Vital Statistics.* Ward 6 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Sterne

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 478 E Chase St

Cause of Death, First (Primary), Cleft Palate

Second (Immediate), Exhaustion

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 26th

Undertaker, George Schilling

Place of Business, Ashland Square

G. F. Saylor M. D.
Medical Attendant.

Address, 284 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert...

Health Department, City of Baltimore.

Ward 5th

Permit No. 87809 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 24 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine M. Kinahan

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany (42 yrs in America

Duration of Residence in the City of Baltimore, 42 yrs -

Place of Death, {Give Street and Number.} 181 Sterling St.

Cause of Death, First (Primary), Fatty Degeneration of Heart

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 3 hrs

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, Febr 27, 1886

Undertaker, Henry Hoerth

Place of Business, 309 N Central ave

Geo J Cotter M. D.
Medical Attendant

Address, 188 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89810

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89810 *Office of Registrar of Vital Statistics.* Ward 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 23d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry O'Connor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* ~~~ *Months,* ~~~ *Days*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 Months

Place of Death, {Give Street and Number.} ✱ 66 Bowham St

Cause of Death, First (Primary), Dislocation of Hip

Second (Immediate), Old Age

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Hampden Balto Co

Date of Burial, Feb 26" 1886

Undertaker, J B Cook

Place of Business, 707 W. Balto *Address,* Same

Thos A Kenny M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. E. Roberts Sent. Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89811 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 24, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Bannazer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 22 *Years,* 11 *Months,* *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} E. E. Hoffman St.

Cause of Death,

First (Primary),

Second (Immediate), Cancer — Involving Left Kidney, Pancreas, & Mesentery — as Revealed by Post Mortem.

Duration of Last Sickness, 5 Weeks 3

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb. 27th 1886

Undertaker, Henry W. Means

Place of Business, 22 W. Fayette

J. H. Hack M. D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 8981 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT FEB 25 1886 BALTIMORE MD

Permit No. 8981 2 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Brown

~~Sex~~, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 49 Randall

Cause of Death, First (Primary), Child-Birth

Second (Immediate),

Duration of Last Sickness, 36 Hours

All the above information should be furnished by the Physician.

Place of Burial, Barney Ray

Date of Burial, Feb. 27th

Undertaker, B. Harle

Place of Business, 82 West st

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89813

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89813 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1896 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Febr 24 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Haas (Herz)

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 34 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 4682 Fay Ave

Cause of Death, First (Primary), Ulcer Scirrhous stomach

Second (Immediate), Marasmus Nervous

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com.

Date of Burial, Feb 26 1896.

Undertaker, John Hervey

Place of Business, 382 Orleans *Address,* 247 E. Lanvale

..... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 89814

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89814 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY
FEB 26 1886
REGISTRAR'S OFFICE
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 25 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Threadgill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 296 W Fayette St

Cause of Death, First (Primary), Chronic Sexual Diseases —

Second (Immediate), Apoplectic Condition

Duration of Last Sickness, 5 years.

All the above information should be furnished by the Physician.

Place of Burial, Loyal Street Synagogue

Date of Burial, Feb 26th 1886

Undertaker, John F Andrews

Place of Business No 44 Druid Hill Ave

L B Gould M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87815 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate P. Gerhardt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* 11 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 125 S. Wolfe Street

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cem

Date of Burial, February 26th

Undertaker, W. Duffel

Place of Business, 151 S. Bond St

N. L. Dashiell Jr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 89816

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89816 *Office of Registrar of Vital Statistics,* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 25 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Emels

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days*

Color, Blk

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 1 — 6

Place of Death, {Give Street and Number.} 43 Rock alley

Cause of Death, First (Primary), Dentition

Second (Immediate),

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 26 1886

Undertaker, H. Ross

Place of Business, 95 Con Hay St

R. W. P. Elms M. D.
Medical Attendant.

Address, 318 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89817 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Leo Pembroke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Four *Years,* ..... *Months,* 20 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 71 Burgundy alley

Cause of Death, First (Primary), Bronchitic Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 26 1886

Undertaker, H Ross

Place of Business, 95 East Way St

Jos I Blum M. D.
Medical Attendant.

Address, 76 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7818

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89818 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry & Matilda Shoenhals

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male Parents

Age, ——— *Years,* Two *Months,* Thirteen *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Child

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Two Months & 23 days

Place of Death, {Give Street and Number.} No 2183 N. Caroline St.

Cause of Death, First (Primary), Catarrhal Bronchitis

Second (Immediate), Apnoea

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 27th 1886

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline St. Address, 256 N. Eden St.

John U. Pickel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89819. *Office of Registrar of Vital Statistics.* Ward 20 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 25/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carroll W. List

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 40 Clark St.

Cause of Death,
First (Primary),
Second (Immediate), Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Feb 27.

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

J. Miller M. D.
Medical Attendant.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 8 7 8 2 0

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8 7 8 2 0 *Office of Registrar of Vital Statistics.* Ward 18 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Feby 25/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ehrlich Rickland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* ~~11~~ 3 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 138 Scott St

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 26th 1886

Undertaker, Ernst Schlamp

Place of Business, 1810 Sharp St. *Address,* 105 Lexington

Jno A Black M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8982 / *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 24. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Brooks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* ——— *Months,* 14 *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give Street and Number.} 165 Sarah Ann St

Cause of Death, First (Primary), Tubercular Meningetis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Feb 26th 1886

Undertaker, Fred A. Kerchner

Place of Business, Health Office

Master Warfield M. D.
Medical Attendant.

Address, Balt Gen Dispen.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 89822

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89822 — *Office of Registrar of Vital Statistics.* — Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace E. Dunn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No. 1826 E. Gaustles

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Last Week

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Feb 28th 1886

Undertaker, M. Cleburn

Place of Business, Jas Dunn

D. A. Walsh M. D.
Medical Attendant.

Address, 2418 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9823

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89823 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Sullivan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 1102 Chapel St

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Salt Spring

Date of Burial, Feb 27 = 1886

Undertaker, M. Pearce & Co *M. D.*

Medical Attendant.

Place of Business, 72 S. Ann *Address,* 3 H. S. Boston

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89824 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), Diarrhea.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, Feb 26th 1886

Undertaker, Hammond Lake

Place of Business, Division St., *Address,* Harlem av. & Calhoun

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Ward 12

Permit No. 89825 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT
FEB 29 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 26/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bartholomew

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* ——— *Months,* ——— *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} √

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), Marasmus,

Second (Immediate), Exhausted.

Duration of Last Sickness, 30 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feb 26th 1886

Undertaker, Maynard Lake

Place of Business, Division St

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89826 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby. 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Mack

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charles Co. Md

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give Street and Number.} 12 Church Alley

Cause of Death, First (Primary), X.r.

Second (Immediate), Cirbro Spinal Meningitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Charles Co. Md

Date of Burial, Feb 27/1886

Undertaker, T. J. Locks

Place of Business, 73 Jefferson St *Address,* 530 W Fayette St

R. D. Harris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within nty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ame can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause te of death. [over.]

4066 Fraser

...Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 8987 *Office of Registrar of Vital Statistics.* Ward 1 & 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, February 26th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary E. Snyder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* 6 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 8 South Carrollton

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Feb. 28 1886

Undertaker, G. France

Place of Business, Bank & Wolfe Sts

Frank Bourgeois M. D.
Medical Attendant.

Address, Bond & Ensor

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 07020

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89828 *Office of Registrar of Vital Statistics.* Ward 1 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. FEB 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 26/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Weiss

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give Street and Number.} 152 Eough St.

Cause of Death, First (Primary), Phthisis acute

Second (Immediate),

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Feb 28th 1886

Undertaker, G. Francy

Place of Business, Pant & Wolfe *Address,* 50 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1029

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89829 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 25, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Thurston

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 19 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No. 298 E. Eutaw St

Cause of Death, First (Primary), Pulmonal Tuber

Second (Immediate),

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb. 28th 1886

Undertaker, F. G. France

Place of Business, Bank & Wolfe *Address,* [illegible]

R. J. Gatch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

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Permit No. 89830 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 25th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Berthold Thompson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } "

Age, 38 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Conveyancer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number. } 144 Bolton St

Cause of Death, { First (Primary,) Paralysis
Second (Immediate,) Coma

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Feb 27th 1886

{ *Undertaker,* W H Jenkins & Sons
Place of Business, Park & Saratoga St.

L. E. Lindsay M. D.
Medical Attendant.

Address 23 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89831 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 24, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emile Keigner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* ..... *Months,* ..... *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Brass Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 363 E Eager St

Cause of Death, First (Primary), Old

Second (Immediate), Acute Phthisis

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feby 27

Undertaker, Evans & Spence

Place of Business, 60, E. Balto St. *Address,* 363 1/2 Broadway

W. W. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89832 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

LIBRARY FEB 26 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Bradford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 24 Barnes Alley

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Feb 26 1886

Undertaker, Wm Diamond Dorsey

Place of Business, No 62 E Fayette St

J. K. Warner M. D.
Medical Attendant.

Address, 28 N Arch St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 89833

Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, John Hanlon, Feby 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color,

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 40 Yrs

Place of Death, {Give street and Number.} 425 Mens Home

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, 3 Mos

All the above information should be furnished by the Physician.

Place of Burial Mt Olivet Cem

Date of Burial, Feb 27th 1886

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga

Geo H Oste M. D.,
Medical Attendant.

Address, Waverly Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8983 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRATION DEPT. FEB 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 25. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Walbert

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} Cor Hanover & E

Cause of Death, First (Primary), Conjestion of Lungs

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount.

Date of Burial, Feb 28. 1886

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

J. H. Hock M. D.
Medical Attendant.

Address, 78 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89835 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Fricker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Book-Keeper.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto., Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} No 372 E Chase st

Cause of Death, First (Primary), Cold — Bronchitis

Second (Immediate), Phthisis of Throat & Lungs

Duration of Last Sickness, about 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 28/1886.

Undertaker, Wm. H. Hickman

Place of Business, 234 d. Gay St

J. Ridgway Foutz M. D.
Medical Attendant.

Address, 121 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89836 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joanna Dudley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 102 Lexington Alley

Cause of Death, First (Primary), Sick from birth.

Second (Immediate), Bronchitis

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, Feb 27 1886

Undertaker, H Roar

Place of Business, 45 Con Way St

J. M. White M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 89837 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida R. Buckler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} S. W. Cor Patterson Park & Fairmount Ave

Cause of Death, First (Primary), —

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Feby 28th 1886

Undertaker, Denny & Mitchell

Place of Business, 66 S Broadway

Jno C Benzinger M. D.
Medical Attendant.

Address, Bendy & Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 8978 38

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT
FEB 27 1886
BALTIMORE, MD.

12 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or after, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1886

Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Lindig

~~Male~~ or Female, {cross out the word not required in this line.}

Age, 35 Years, Months, 9 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} in Baltimore, but had been living in Tuscola Illinois & here on a visit

Duration of Residence in the City of Baltimore, Had been here about 3 months

Place of Death, {Give street and number} 167 N. Hoffman St.

Cause of Death, First, (Primary,) General derangement of health

Second, (Immediate,) Endocarditis & Septicemia

Duration of last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, Feb. 27/86

Undertaker, Denny & Mulcahey

Place of Business, 530 N. Fayette

E. N. Free M. D.
Medical Attendant.

Address, 192 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89839 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet H Jones

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give Street and Number.} [redacted] Streets

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, 5 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 28th

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman

Saml F Powell M. D.
Medical Attendant.

Address, 429 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8 7840

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8984 0 *Office of Registrar of Vital Statistics.* Ward 7 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Henry Stine

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Brick Cutter

Birth-Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} 222 S Wolf St.

Cause of Death, First (Primary), Typhoid Fever

" Second (Immediate), Asthenia

Duration of Last Sickness, " 15 days.

All the above information should be furnished by the Physician.

Place of Burial, Elysian Gardens Ville Balto Co

Date of Burial, March 1st

Undertaker, Geo Schilling

Place of Business, Ashland Square

D O'Connell M. D.
Medical Attendant.

Address, E. F. Eggert Jr Fairfield

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8988 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Feb 26 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Pernelia P Sinclair

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 51 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. } ✓

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 217 Saratoga St

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Mitral Regurgitation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 28th 1886

Undertaker W. Cadogan

Place of Business, 227 Mulberry St *Address,*

J. B. Schwatka *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89842 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Feby 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter M. Rank

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* 6 *Months,* 29 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co. Md

Duration of Residence in the City of Baltimore, 40 Yrs

Place of Death, {Give Street and Number.} 38 S. Gilmor St.

Cause of Death, First (Primary), Occlusion of descending Colon

Second (Immediate), Inflammation of Colon.

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 28

Undertaker, Jos. H. B. Cook

Place of Business, 707 W. Baltimore

John [illegible] M. D.
Medical Attendant.

Address, 2 East Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 89843 *Office of Registrar of Vital Statistics.* 3rd 14 11

The Physician who attended any person in a last illness, is responsible for the presentation of this ate, *accurately filled out*, o the Undertaker or other person superintending the burial, within *twenty-four hours* after the death deceased, or sooner, if equested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 27, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjn Allen

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 60 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Unknown

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. County

Duration of Residence in the City of Baltimore, 3 years 6 mos

Place of Death, {Give street and Number.} 54 S. Calhoun St.

Cause of Death, First (Primary) I saw this man but once on Feb 23rd. He was suffering with cancer of pylorus and

Second (Immediate) must have died from emaciation and exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 28

Undertaker Joseph B Cook

Place of Business 707 W Baltimore

Chas. Brewer M. D.

Medical Attendant

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89844 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. BALTIMORE, MD.

D

CERTIFICATE OF DEATH.

Date of Death, February 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Ford

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Employed as House Keeper

Birth Place, {State of country, and how long in the United States, if of foreign birth.} Cambridge Dorchester Co Md

Duration of Residence in the City of Baltimore, Abt 5 Years

Place of Death, {Give Street and Number.} #83 Scott St

Cause of Death, First (Primary), Alcoholism

Second (Immediate), Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, Feby 27/86

Undertaker, M. Doyle

Place of Business, 200 E Charles St

Paul Bell M. D.

Medical Attendant.

Coroner

Address, 161 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4057 Transcript

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 89845 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 2. 25. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Williams Jr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 8 *Years,* ——— *Months,* ——— *Days,*

Color Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 188 Raley "

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, Few months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 28th 1886

Undertaker, Wm McDungee

Place of Business, 62 East 21st

Edward Williams M. D., Medical Attendant.

Address, 49 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89846 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Cummings.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months.* *Days*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland 30 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 179 Lexington

Cause of Death, First (Primary), Heart disease

Second (Immediate), and dropsy.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feby 28th 1886

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont Address, Fayette & Paca Sts.

F. G. Wilkins, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89847 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 27 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 25/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Staley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, About 45 *Years,* — *Months,* — *Days*

Color, cd

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, About 40 years

Place of Death, {Give Street and Number.} S. Bethel st 2nd door N. of Gough st E. cd.

Cause of Death, First (Primary),

Second (Immediate), Child Birth

Duration of Last Sickness, 1/2 hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 27/86

Undertaker, Wm Blackamp Jr. Jas A Clemens M. D.
~~Medical Attendant~~

Place of Business, E. Lombard st *Address,* Cumb C & R R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

(Geo. E. Brown
Sanitary Inspector)

Board of Health, City of Baltimore.

Permit No. 8984/8 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 27 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 25 Feby 86

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm L Deagan

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 53 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Liber

Place of Death, { Give street and Number. } 416 Eutaw Place

Cause of Death. First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, ab 1 week

the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feby 27th 1886

Undertaker, Steward & Mowen

Place of Business, 35 Park ave

F Donaldson M. D.
Medical Attendant.

Address, 108 Fulton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89847 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 27" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~~ *Years,* 2 *Months,* ~~~~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dallo City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 47 Aiken St

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Inanition

Duration of Last Sickness, Since Birth

All the above Information should be furnished by the Physician.

Place of Burial, Old Catholic Cemetery

Date of Burial, Feb 28" 86

Undertaker, H. C. Wiedefeld

Place of Business,

James H Lewis M. D.
Medical Attendant

Address, Camp B & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Last C. H. by Patrick, Sanitary Inspector

...ecessary Particulars is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89850 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Garfield Banks.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 8 *Days*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1057 Hanover St.

Cause of Death, First (Primary), Capillary Bronchitis.

Second (Immediate),

Duration of Last Sickness, about one month.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 27 1886

Undertaker, H. Ross 95

Place of Business, 95 Corn Way St

Spencer H. Free M. D.
Medical Attendant.

Balts. Polyclinic

Address, 112 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89857 *Office of Registrar of Vital Statistics.* Ward 9th

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 26 - Day 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Rimbach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Labor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany ✓

Duration of Residence in the City of Baltimore, 4 wks

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Foot Both Thighs - See Scalp

Second (Immediate), Shock

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 27. Feb. 86

Undertaker, Walter Immel

Place of Business, 315 W. Biddle St.

E Van Hood M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89852 *Office of Registrar of Vital Statistics* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 26. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelia Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, all of life.

Place of Death, {Give Street and Number.} 202 Hughes St.

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Feb 27th 1886

Undertaker, F. A. Kerdun

Place of Business, Health office *Address,* 177 Chapel St

W. L. Booze *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89853 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, February 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Alex Dorsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, ~~~ *Years,* ~~~ *Months,* 16 *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1 Rickett court

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cemetery

Date of Burial, February 27 1886

Undertaker, S F Ross

Place of Business, Conway St *Address,* Conway St

James A Hems M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89854 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPT. FEB 27 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 25 — 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Adler

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} V

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 108 S Bethel St

Cause of Death, First (Primary), Child birth

Second (Immediate), Uterine Hemorrhage

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudel Conc

Date of Burial, Feb. 27

Undertaker, H Blackamore

Place of Business, 238 E. Lombard St

Wall Cullen M. D.

~~Medical Attendant~~ Physician

Address, 101 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89858 — *Office of Registrar of Vital Statistics.* Ward 11 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 27 1886
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Sherwood

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 55 *Years,* " *Months.* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 24 St Marys St Hotel

Cause of Death, First (Primary), Pneumonia

Second (Immediate), " "

Duration of Last Sickness, about 10 Days — seen day before death

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 27 1886

Undertaker, William Dorsey

Place of Business, No 62 East St

C Blanke M. D.
Medical Attendant.

Address, 59 Calhoun Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89856 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE FEB 27 1886

CERTIFICATE OF DEATH.

Date of Death, Feby. 26 — 86 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Knois

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, 40 yrs. —

Place of Death, {Give Street and Number.} S. E. Cor. Chew & Gay Sts. —

Cause of Death, First (Primary), Valvular disease of heart

Second (Immediate),

Duration of Last Sickness, Instant death —

All the above information should be furnished by the Physician.

Place of Burial, Prot. Alb. Grave Yd.

Date of Burial, Feb 28 1886

Undertaker, Henry Hoeck

Place of Business, 3 & 11 Central Ave *Address,* Coroner Cent. Dist.

Alexander Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 89857 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. FEB 27 BALTIMORE, MD

C

CERTIFICATE OF DEATH.

Date of Death, 2.26.86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Dorsey

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* — *Days,*

Color, cd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 120 Orchard St - Rear -

Cause of Death, First, (Primary,) Gastritis.

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Shark St. Grd

Date of Burial, February 28-86

Undertaker, Wm. L. Gray

Place of Business 65 Mulberry St.,

Edward N. Eastman - M. D., Medical Attendant.

Address, 319 Reed St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89858 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD

C

CERTIFICATE OF DEATH.

Date of Death, Feby 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Washington

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 29 *Years,* 2 *Months,* 26 *Days*

Color, Colored

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co. Md.

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give Street and Number.} 34 Boyd St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, Feby 28 1886

Undertaker, D. Whase

Place of Business, 198 Howard St

H. W. Webber M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 89859 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 27 1886

CERTIFICATE OF DEATH.

Date of Death, Feb'y 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary O'Brian

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* *Months,* 14 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Easton Md

Duration of Residence in the City of Baltimore, 74 yrs

Place of Death, {Give Street and Number.} 34 Perry St

Cause of Death, First (Primary),

Second (Immediate), Asthma

Duration of Last Sickness, Sometime

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 28th 1886

Undertaker, Saml W Clues

Place of Business, 196 S. Howard St *Address,* Hanover St

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87860 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 27 1886
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustav Haebel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* 5 *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, mariner (Steredore)

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} No 272 S. Boundary

Cause of Death, First (Primary), Cancer of Stomach

Second (Immediate), the same

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Greenlity Cem

Date of Burial, Feby 28. 1886

Undertaker, H. Saunders & Son

Place of Business, 252 Cantun Ave *Address,* 169 N. Charles St

Wm Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89861 *Office of Registrar of Vital Statistics.* Ward 15-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 27 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustav Naumann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* 5 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give Street and Number.} 2150 Light St

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Apoplexy

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mayors Cemetary Canton

Date of Burial, Feb 28th 1886

Undertaker, Armstrong and Denny

Place of Business, 2037 Light *Address,* 1408 Eastern Ave

Thomas Cole M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last siekness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89862 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 27 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Sherman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 16 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 120 South

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 120 South

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Malnutrition

Duration of Last Sickness, Sixteen

All the above information should be furnished by the Physician.

Place of Burial, Old Christ Cem

Date of Burial, February 28/86

Undertaker, Wm J. Flickner

Place of Business, 65 S. Eutaw St

Wm O Cross M. D.
Medical Attendant.

Address, 165 W Hoffman

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89863 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Hilzelburger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Seventy-two *Years,* ~~*Months,*~~ ~~*Days,*~~

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Seventy Years.

Place of Death, {Give Street and Number.} No. 171 Franklin St.

Cause of Death, First (Primary), Catarrh

Second (Immediate), Acute Bronchitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 1st 1886

Undertaker, Henry W. Inears

Place of Business, 22 W. Fayette

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89864 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Nelson Gage

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 370 Madison Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 1st 1886

Undertaker, John S. Macher

Place of Business, No 150 Camden St

Edw. Miller M. D.
Medical Attendant.

Address, 214 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89865 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William K. Lamar

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brakeman of B+O R.R. Co

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick County Md

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give Street and Number.} B+O R.R. track at Riverside

Cause of Death, First (Primary), Injuries received by being Struck & run over - by Engine No 485 of

Second (Immediate), Said Railroad -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Frederick City

Date of Burial, March 1st 1886

Undertaker, Wm. S. Thacher

Place of Business, No 159 Camden St

Jno A Bell M. D.

~~Medical Attendant.~~ Coroner

Address, 161 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4060 Transcribed

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 29866 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

74

Date of Death, Feb. 27 /86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Green

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} America

Duration of Residence in the City of Baltimore, 2 Yrs

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Meningitis

Second (Immediate), Coma from Cerebral Extravasation

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Feb 28th 1886

Undertaker, Evans & Heinan

Place of Business, 60 E Baltimore *Address,* City Hospital

Frank O Bibb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...ly furnish to the Registrar below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89867 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 28th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Heller

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 89 N. Paca St.

Cause of Death, First (Primary),

Second (Immediate), Erysipelas

Duration of Last Sickness, about 7 days

All the above information should be furnished by the Physician.

Place of Burial, Chas. Sholom Trust Bd

Date of Burial, Feb 28th 1886

Undertaker, Moses Posnansky

Place of Business, 95 Harrison Av

H. Hellers M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89868 *Office of Registrar of Vital Statistics.* Ward 16

HEALTH DEPARTMENT 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 27th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 6 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 70 Elbow Lane

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Prostration

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 1 1886

Undertaker, H. Ross

Place of Business, 95 Corn Ways *Address,* 166 E. Pratt

C. L. Buddenbohm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 29869 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE ~~OF~~ DEATH.

Date of Death, Feby. 28th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Walter Kraft

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Parents

Age, —— *Years,* —— *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 404 Saratoga St.

Cause of Death, First (Primary), Exhaustion

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb. 29th &c

Undertaker, Wm. Cadwgan

Place of Business, 227 Lindsay St. *Address,* 558 W Fayette St.

J. N. Hord M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89870 *Office of Registrar of Vital Statistics.* Ward 3

HEALTH DEPARTMENT MAR 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 27 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Warner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 155 Aliceanna St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 1st 1885 James F Hanna M. D.

Undertaker, Wenderoth

Place of Business, 751 S Bond *Address,* Canton R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, so far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89871 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Rickert Harris,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 227 Edmondson Ave

Cause of Death, First (Primary), Acute Laryngeal & Bronchial Catarrh,

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mar. 1 86

Undertaker, Andrew Rohde

Place of Business, 4 & Pen Ave

J. Rickert M. D.
Medical Attendant.

Address, 515 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89872 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sunday Feb 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Brooks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* 11 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cann Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give Street and Number.} 386 Lancaster St Cor of Cove

Cause of Death, First (Primary), Thyroid Abscess

Second (Immediate), Septaemia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, March 1st 1886

Undertaker, W. A. Sisson J. E. Pritchard M. D.

Medical Attendant.

Place of Business, Health Office *Address,* 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89873 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a.

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Goldsborough

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* —— *Months,* —— *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 131 N. Eden St

Cause of Death, First (Primary), Hemiplegia

Second (Immediate), Consumption

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 1st 86

Undertaker, Wm S. Fry

Place of Business, 81 N Broadway

Milton T. Taylor M. D.
Medical Attendant.

Address, 138 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 89874 *Office of Registrar of Vital Statistics.* **Ward** 6 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 7 1886
BALTIMORE

2

CERTIFICATE OF DEATH.

Date of Death, Feb 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Cecilia Hatch

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, about 9 years

Place of Death, {Give street and Number.} 487 E. Chase St

Cause of Death, First (Primary), Protracted Labor

Second (Immediate), Exhaustion & probable heart-clot

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, March 2d 86

Undertaker Am S. Fry

Place of Business, 711 Broadway

J. B. Schwatka M. D.
Medical Attendant.

Address, Bway & Barney Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89875 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William R. Henry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* ..... *Months.* ..... *Days*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cambridge Dorchester County Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} No 1 S. Bethel St.

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), " Pneumonic

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 1st 86

Undertaker, Chas S Fry

Place of Business, 81 W Broadway

Wm L. Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89876 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. N. Santmyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* ——— *Months,* 19 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Quarry-Man

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} 63 Buren St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 1st

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman

E. B. Fenby, M. D.
Medical Attendant.

Address, 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8987 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 27th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Walter~~ Jas. M. Harden

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, 0 *Months,* 9 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give Street and Number.} 205 Dover St

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Mch 1st 86

Undertaker, John F. Mackey

Place of Business, No 150 Camden

D. C. Smith M. D.
Medical Attendant.

Address, 106 Dover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Necessity and Importance of Filling out this Certificate.

Health Department, City of Baltimore.

Permit No. 89878 *Office of Registrar of Vital Statistics.* Ward 6 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 28, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie L. Reese

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 333 Orleans St

Cause of Death, First (Primary), Diphtheritic Laryngitis

Second (Immediate),

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, March 1st 1886

Undertaker, M. A. Dwyer, Atty.

Place of Business, 74 S. Broadway,

W. W. White, M. D.
Medical Attendant.

Address, 1631 Boadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 89879 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 1 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 28 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jonathan Evans

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, ~~None~~ Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 190 Myrtle ave

Cause of Death, First (Primary), Suddenly of

Second (Immediate), Heart disease

Duration of Last Sickness, about 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 2nd 1886

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw St

W. A. Jones M. D.

Coroner ~~Medical Attendant~~.

Address, 322 Hollins st city

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89880 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 1 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Feb 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa A Bright

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* 15 *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 160 Raborg st

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, West Ave Cemetery

Date of Burial, March 1st 1886

Undertaker, Sam'l H Chase

Place of Business, 195 S Howard st

Thos D Penniman M. D.
Medical Attendant.

Address, 134 N Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89881 *Office of Registrar of Vital Statistics.* Ward 10C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Febr. 28 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. B. Lofgren

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days*

Color, Wht.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 213 Lexington th

Cause of Death, First (Primary), Emphysema pulmonum

Second (Immediate), Ht. Syncope

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, March 2.

Undertaker, Walter Immel

Place of Business, 315 W. Biddle. *Address,* 24 E. Lexington

J. Thatcher M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 89884 *Office of Registrar of Vital Statistics.* Ward 9 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 1 18[illegible] BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, Feby 26th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary O'Boyle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 38 City Block

Cause of Death, First (Primary), Congestion of the Lungs

Second (Immediate), Exhaustion

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 1st 1886

Geo. L Winston M. D.
Medical Attendant.

Undertaker, James O Byrne

Place of Business, No 63 Front St

Address, 7 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of, Baltimore.

Permit No. 89883 *Office of Registrar of Vital Statistics.* Ward 10 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1889 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb. 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Mitchel

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Saxony. Eleven years in U.S

Duration of Residence in the City of Baltimore, 11 yrs,

Place of Death, {Give Street and Number.} 128 Sarah Ann St.

Cause of Death, First (Primary), Chron. Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 1st

Undertaker, Jos. Sievers & Son

Place of Business, 59 N. Schroeder St. *Address,* Bal. Ind. Disp.

H. Warfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89884 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MAR 1 1886

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Mahon (Stohs)

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Europe

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 212. Hunting Ave

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 1st 1886

Undertaker, A. Sander & Son

Place of Business, 252 Canton ave

J. J. Groh M. D.
Medical Attendant.

Address, 187 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible] this Certificate.

Health Department, City of Baltimore.

Permit No. 89885 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 27 1886 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, Feby 27 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Emory

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, — *Years,* 1 *Months,* 1 2 *Days*

Color, ca

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 4 Jordan alley

Cause of Death, First (Primary), —

Second (Immediate), Cramtum

Duration of Last Sickness, Life Time

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Mch 1/86

Undertaker, W. J. Gray

Place of Business, Mulberry

James T Stewart M. D.

Medical Attendant.

Address, Cor Pitt & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo E Brown

Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89886 *Office of Registrar of Vital Statistics.* — Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, 27 1886 February

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emilings Anderson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Colard

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} West River Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 2 Years 30

Place of Death, {Give Street and Number.} 61 Howard st No 2.3 f

Cause of Death, First (Primary), Consumption

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 1. Years

All the above information should be furnished by the Physician.

Place of Burial, West River

Date of Burial, March 1 1886

Undertaker, H Boss

Place of Business, 95 Conway st *Address,* No 36 Louis st

Phelps M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

4061 Frances st

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89887 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25 / 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* —— *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} St Vincents Infant Asylum

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion

Duration of Last Sickness, 20 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Pleasant

Date of Burial, March 1 86

Undertaker, Hammond Lake

Place of Business, East Main Cor Liberty Balto

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Fulton ave & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 89888 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Ross

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, six years

Place of Death, {Give Street and Number.} 94 S. Paca St

Cause of Death, First (Primary), Brain Tumor

Second (Immediate), Marasmus

Duration of Last Sickness, three years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 2nd/86

Undertaker, C. F. Kramer & Son

Place of Business, 209 Hanover

A. H. Enoch M. D.
Medical Attendant.

Address, 95 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89889 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 1 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} S. Emma Gott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 210 Dime St.

Cause of Death, First (Primary), Hemorrhagitis

Second (Immediate), Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Howard Co. Md

Date of Burial, March 2 / 86

Undertaker, Joseph B Cook

Place of Business, 707 W Baltimore

C W Neff M. D.
Medical Attendant.

Address, 306 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89890 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 1/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Campton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 4 *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 628 Bethel st.

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March 3d

Undertaker, John E Grace

Place of Business, Caroline st near

R W Mansfield M. D.
Medical Attendant.

Address, 50 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89891 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 28th. February 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sabilska.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 3 *Months,* *Days*

Color, white.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Posen, Prussia, Germany. 5 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Hare Street 116 (Canton)

Cause of Death, {First (Primary), Hydrothorax & Hydropericardium. Second (Immediate),}

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Johannis Cemt.

Date of Burial, March 2. 86

Undertaker, Felix Brodowski.

Place of Business, 215 S. Bond St. *Address,* S. Wolfe & 117.

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89894 *Office of Registrar of Vital Statistics* 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 28 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman C. Hulsmeier

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 4 - 5 -

Place of Death, {Give Street and Number.} 332 William st

Cause of Death, First (Primary), Brights Disease

Second (Immediate),

Duration of Last Sickness, 1½ years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C.

Date of Burial, Mar 2

Undertaker, B. O'Farrell

Place of Business, 16 West

R. T. P. Ellis M. D.
Medical Attendant.

Address, 343 Light st -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89893 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Souder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty Six (36) *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} Widower

Occupation, Barber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Thirty Six (36) years

Place of Death, {Give Street and Number.} St. Joseph's Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, Not Known —

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 3

Undertaker, B. Ward

Place of Business, 8th West

Oscar J. Harris M. D.
Medical Attendant.

Address, St Joseph's Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 8989 — *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, if practicable, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, March 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. Z. Estep

Sex, Male or Female, {Cross out the word not required in this line.} Single

Age, 23 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prince Georges Co. Md.

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and Number.} 51 Robert St.

Cause of Death. First (Primary), Typho Malarial fever

Second (Immediate), " "

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Park

Date of Burial, March 3

J. H. Christian M. D.
Medical Attendant.

Undertaker J. J. Palmer

Place of Business, 40 Wilson St. *Address,* 506 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89895 *Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathias Braun

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give Street and Number.} 157 Eden St

Cause of Death, First (Primary), Ulceration of Stomach

Second (Immediate), Singultus

Duration of Last Sickness, 36 Days

All the above information should be furnished by the Physician.

Place of Burial, Franciscan Cemetery

Date of Burial, 3 March 1886

Undertaker, John C. Schuck

Place of Business, 265 Aisquith

E. J. Hilleary M. D.
Medical Attendant.

Address, 333 Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89896 *Office of Registrar of Vital Statistics.* 47

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 1, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gracia Joshua

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give Street and Number.} 35 Granby St.

Cause of Death, First (Primary), ——

Second (Immediate), Acute Phthisis

Duration of Last Sickness, 4 months

All the above Information should be furnished by the Physician.

Place of Burial, Hope Cemetery

Date of Burial, March 3 1886

Undertaker, William Doerge

Place of Business, 62 East St

A. N. Gourdier M. D.
Medical Attendant.

Address, 965 Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 89897 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Joseph Hammond

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 2 Months, 2 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 315 W Pratt St

Cause of Death, First (Primary), Natural

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 3d 1886

Undertaker, Geo Leimbach

Place of Business, 387 N Bond

L. K. Wiley M. D.
Medical Attendant.

Address, 195 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 2 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Renwick

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and number.} 117 Division St.

Cause of Death, First (Primary,) Anemia & Int. Anatarea after Diphtheria

Second (Immediate,) Cardiac asthenia

Duration of Last Sickness, About - three weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem J. Edwin Michael M. D.
Medical Attendant.

Date of Burial, March 3d 1886

Undertaker, F. Lewis Schaefer *Address* 246 Madison Av.

Place of Business, 109 N Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Health Department, City of Baltimore.

Permit No. 89899 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter L. Franklin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 1 *Days*

Color, W.

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 197 S. Fremont st.

Cause of Death, First (Primary),

Second (Immediate), Meningitis

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 3d & 6

Undertaker, Wm J. Fickus

Place of Business, 65 S. Eutaw St. *Address,* 359 Barre st.

H. Ellis Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 89900 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Snead

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 11 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 91 Orchard Sn

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 2 years

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. Mar. 3. 86

J. A. Gillis M. D.,

Medical Attendant.

Undertaker Alex Hassell

Place of Business 116 Orchard St. *Address,* 50 N. Bradd St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89901 *Office of Registrar of Vital Statistics,* Ward 6th

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Henry Lane

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Accomac Co Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 106 N Register St

Cause of Death, First (Primary), Cerebral Softening

Second (Immediate), Paralysis

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 2. 1886. James E Donnelly M. D.

Medical Attendant.

Undertaker Avery Hearse Co

Place of Business, Woodberry *Address,* 299 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 89902 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 1st 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas. W. Davis

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Six *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 8, Rose St.

Cause of Death, First, (Primary,) General diffused Bronchitis

Second, (Immediate,)

Duration of Last Sickness, Four Months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 3 1886

Undertaker, Alex Hennsley

Place of Business Marshall Ave *Address,* 209 N Biddle St.

J. K. Mumma M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 89903

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD. MAR 2 1886

9 f 8

CERTIFICATE OF DEATH.

Date of Death, July 28th 86

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Jones Wilson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Repeater

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Annapolis

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give street and number. } 67 N. Charles st

Cause of Death, First, (Primary.) Mitral Insufficiency

Second, (Immediate.) Congestion of Lungs

Duration of Last Sickness, 6 hours —

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, Mch 2nd 1886

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette St

Archibald Kenton M.D.,
Medical Attendant.

Address, 119 N. Charles st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4263 Transit

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89904 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 27 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 13 *Months,* ——— *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 724 W Pratt St

Cause of Death, First (Primary), Measles

Second (Immediate), Consumption

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bells Cemetery

Date of Burial, March 3rd 1886

Undertaker, McGreavey

Place of Business, 202 Pratt St

Address, 41 N Gay St

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87905 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 28/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Anne Hughes.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, white

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give Street and Number.} 221 Division St.

Cause of Death, First (Primary), Apoplexy.

Second (Immediate), Asthenia

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, March 3d. 1886

Undertaker, Chas. T. Scriven

Place of Business, 3714 Eutaw St.

J. H. Allen M. D.
Medical Attendant.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89906 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 2 1886 BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, March 1 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Doran

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, always

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Fract. Femur

Second (Immediate), Paralysis Heart.

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, Mar 3. 1886

Frank C. Bressler M. D.
Medical Attendant.

Undertaker, James A. O'Byrne

Place of Business, 63 N Front St *Address,* City Hospl

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 8990[illegible] *Office of Registrar of Vital Statistics.* Ward 16[illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 2 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, March 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs H. Griffin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months.* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 200 York Av

Cause of Death, First (Primary), Bronchitis.

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 3/86

Undertaker, Isabella Griffin

Place of Business, Woodberry

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89908 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1886 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, March 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie E. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 7 *Months.* 18 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 3. 7. 18

Place of Death, {Give Street and Number.} 105 Hill St

Cause of Death, First (Primary), —

Second (Immediate), Pertussis

Duration of Last Sickness, Sometime

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemtery

Date of Burial, March 3 1886

Undertaker, H. Ross

Place of Business, 95 Cor Way St | *Address,* Hanover St

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore. 16

Permit No. 89909 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

PUBLIC WELFARE MAR 2 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. McGill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 39 *Years,* 10 *Months,* 20 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give Street and Number.} 17 Hanover st

Cause of Death, First (Primary),

Second (Immediate), Laryngitis

Duration of Last Sickness, 4 mo

All the above information should be furnished by the Physician.

Place of Burial, Church St cemetery

Date of Burial, March 3 1886

Undertaker, H. Ross

Place of Business, 96 Con Way St

R. C. Lee M. D.
Medical Attendant.

Address, Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89910 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, not sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 28th Feby 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Cassale

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Wash Woman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give Street and Number.} 1 Warren Ave

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 7 Mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 1/86

Undertaker, H. Rose

Place of Business, 95 Conway

Wm H Blake M. D.
Medical Attendant.

Address, 158 Lancaster

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89911 *Office of Registrar of Vital Statistics.* Ward 6 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Brown

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* ..... *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 255 Orleans st

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 3rd 1886

Undertaker, Chas S. Butler

Place of Business, 132 N. Caroline st *Address,* 137 Orleans

C. J. Grove M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 8992 *Office of Registrar of Vital Statistics.* Ward 8"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1886 BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, March 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hamer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Thirty-four *Years,* — *Months,* — *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Convict

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prince Georges Co.

Duration of Residence in the City of Baltimore, Two yrs & Six mos

Place of Death, {Give Street and Number.} Maryland Penitentiary

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) "

Duration of Last Sickness, About eight months

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, March 2nd 1886

Undertaker, W. A. Sisson

Place of Business, Health Dept

Silas Baldwin M. D.,
Medical Attendant,

Address, 152 Townsend St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

8-0

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89913

HEALTH DEPARTMENT MAR 8 1886 BALTIMORE MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, March 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Henry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balto City Jail

Cause of Death, First (Primary,)

Second (Immediate,) Chronic Epilepsy

Duration of Last Sickness, very sudden

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, March 3rd 1886

Undertaker, M & A of Sisson

Place of Business, Health Office

D. P. Hoffman M. D.
Medical Attendant.

Address 279 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Frehner.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 w — *Years,* — *Months,* 6 weeks *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~23~~ 26 E. Fayette Street

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26 E. Fayette St

Cause of Death, {First (Primary,) Cramps

Second (Immediate,)

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 1

Undertaker, L Ahrens

Place of Business, 28 High St

Gustav Warlich, M. D.
Medical Attendant.

Address Hospital, Fayette & ~~Exeter~~ Druggist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

See following Certificate

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89914 *Office of Registrar of Vital Statistics* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 3 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Grebner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 26 East Fayette St

Cause of Death, First (Primary), Catarrhal fever

Second (Immediate), Convulsions

Duration of Last Sickness, 2 d

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 3rd 1886

Undertaker, Jacob Ahrens

Place of Business, 28 N. Eutaw St *Address,*

Sam'l A Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics In the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89915 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 2. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Cushing Whitney

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* 1 *Months,* *Days*

Color, W.

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ashburham. Mass

Duration of Residence in the City of Baltimore, 56 years.

Place of Death, {Give Street and Number.} 421 N. Calvert

Cause of Death, First (Primary), Bright's Disease & Chronic

Second (Immediate), Ulcer Exhaustion & Coma

Duration of Last Sickness, 23 days in house

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 4th 1886

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga

Johann R. Page M. D.
Medical Attendant.

Address, 220 Lincoln ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 89916 *Office of Registrar of Vital Statistics.* Ward 9 7

HEALTH DEPARTMENT
MAR 3 1886
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 2. 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Henry Brown

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~——~~ *Years,* 8 *Months,* ~~——~~ *Days,*

Color, Colrd

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 57 St Paul St

Cause of Death, First (Primary),

Second (Immediate) Marasmus

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Mch 3rd 1886

Undertaker Wm A Jessop

Place of Business, Health Office *Address,* 127 St Paul St

Thos J Ward *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 8917 *Office of Registrar of Vital Statistics.* Ward 12 ef

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 2. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George L. Hiltin Jr.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 5 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} = Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 190 Druid Hill Avenue

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate) Bronchorhea.

Duration of Last Sickness, 6 days

All the above Info matters should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 4th 1886

Undertaker Wm Weaver

Place of Business, 202 N. Eutaw St

Marbury Brown M. D.
Medical Attendant.

Address, 6 of McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

7 41

Permit No. 39918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAR 3 1886 BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A Gittinger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 4 *Months,* 6 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 485 N. Central ave.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 4th

Undertaker, Ecoschilling

Place of Business, Ashland Square

A. G. Slaton M. D.
Medical Attendant.

Address 399 N. Central ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89919 *Office of Registrar of Vital Statistics* Ward 20

HEALTH DEPARTMENT MAR 3 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. James

Sex, Male or Female, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 10 *Months,* 7 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No. 2. Clayton Row

Cause of Death, First (Primary),

Second (Immediate), Insanitation

Duration of Last Sickness, Three weeks

All the above Information should be furnished by the Physician.

Place of Burial, Shaw St Cemty

Date of Burial, March 3d. 1886

Undertaker, Wm H. Dunge

Place of Business, 62. East St *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John McDe Gory
Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89920 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 3 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friederica Krausliud

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give Street and Number.} 2 Trinity St

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, several Mos

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, March 4th 1886

Undertaker, Peter Frey

Place of Business, 91 Eutaw Ave

A Krug Abbertzer M. D.
Medical Attendant.

Address, 88 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8992/ *Office of Registrar of Vital Statistics* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. L. Rullmsburger

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 1 *Years,* — *Months.* 12 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 1 yr.

Place of Death, {Give Street and Number.} 7 Rodc St

Cause of Death, First (Primary), Pneumonia following Measles

Second (Immediate), Asphyxia

Duration of Last Sickness, 1 wk

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 3.

Undertaker, Walter Immel

Place of Business, 315 W. Biddle St, *Address,* 19 Broadway

J H Branham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89922 *Office of Registrar of Vital Statistics,* 1886 Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 3 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles S. Bergen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 32 *Years,* 4 *Months,* 1 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Truckster

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give Street and Number.} 180 George St

Cause of Death, First (Primary). Cerebral Hemorrhage

Second (Immediate), Convulsions + Coma following

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Johnsville new Cemetery

Date of Burial, March 5 1886

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry street

J H Buchanan M. D.
Medical Attendant.

Address, 1 E Monument Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89923

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT MAR 3 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 6 A.M. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Keeise

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 659 S. Collington Ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Since July 28th 1885

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Cemetery

Date of Burial, March 4th 1886.

Undertaker, John Herring

Place of Business. 382 Orleans St. *Address,* 299 E. Balt. St.

Medical Attendant. James E. Donnelly M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89924 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 3 1886, BALTIMORE, MD.

2

CERTIFICATE OF DEATH.

Date of Death, March 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lee Stengle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, *Years,* *Months.* 8 *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ——

Occupation, —— ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} 440. E. Fayette st.

Cause of Death, First (Primary), A flaw in development of circulation

Second (Immediate), asphyxia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 3d 86

Undertaker, Wm S. Fry

Place of Business, 87 N Broadway *Address,* 242 N 13 Way.

Thomas J Simms MD

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 89925 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 3 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ursula Angellotta

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } Female

Age, 65 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Switzerland

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, { Give street and Number. } 20 N. Frederick St.

Cause of Death, First, (Primary,) Induration of Liver.

Second, (Immediate,) Ascites.

Duration of Last Sickness, Ab. 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Mathews

Date of Burial, March 3rd

Undertaker, H. Hofmann

Place of Business, #63. N. Eden st

Jno. F. Powell M. D., Medical Attendant.

Address, 98 St. Paul St. Est.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89926 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 2d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schilling

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* ..... *Days*

Color, Whita

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 42 Sassafras St.

Cause of Death, First (Primary), Measles

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Prescribed for child fully about an hour previous to death when in dying condition

Place of Burial, Western Cem.

Date of Burial, Mch 4/86

Undertaker, D. J. Dill

Place of Business, 183 Columbia

H. W. Helmer M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89927 *Office of Registrar of Vital Statistics.* Ward 3 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ann Brown

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 63 *Years,* ..... *Months,* ..... *Days*

Color, W

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 120 S. Eden St.

Cause of Death, First (Primary), Gastro duodenal inflammation and occlusion of bile ducts

Second (Immediate), Asthenia

Duration of Last Sickness, 66 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 4th 1886

Undertaker, Fred Gaede

Place of Business, 24 S. Caroline *Address,* 1 S. Broadway

John S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89928 *Office of Registrar of Vital Statistics* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 3d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas N. Haight

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months.* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Store Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York State

Duration of Residence in the City of Baltimore, 1 Week

Place of Death, {Give Street and Number.} 296 ~~West~~ Lexington St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Mch 4/86

Undertaker, J. B. Cook

Place of Business, 707 E. Balto St *Address,* 279 West Payette

D. P. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89929 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 2/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Atkinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 14 *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Brooklyn Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 632 Saratoga St

Cause of Death, First (Primary), Cancer

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, March 4/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto

M. D.

Medical Attendant.

Residence, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 89930 *Office of Registrar of Vital Statistics.* Ward 12 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, March 2/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Nary

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 301 Madison ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), "

Duration of Last Sickness, Abt 1 week

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Thursday Mch 4th 1886

Undertaker Stewart & Mowen

Place of Business 35 Park ave

J. Donaldson M. D.
Medical Attendant.

Address, 108 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore.

Permit No. 89931 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 2d (second) 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Eliza Dushane

Sex, ~~Male~~ — *Female.* { Cross out the word not required in this line. }

Age, 66 *Years,* 3 *Months,* 24 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~or~~ ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 59 Years

Place of Death, { Give street and Number. } 135 W. Lanvale

Cause of Death, First (Primary), Chronic Intestinal Catarrh

Second (Immediate), Asthenia

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, March 4th 1886

Undertaker Stewart & Mowen

Place of Business, 35 Park ave

A. M. Norman MD ~~M. D.~~

Medical Attendant.

Address, 128 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89932 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* ~~~ *Months,* ~~~ *Days*

Color, Col'd

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, Do

Place of Death, {Give Street and Number.} 240 Raborg St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemty

Date of Burial, March 3d 1886

Undertaker, F. A. Kerchner

Place of Business, Address, Carey bet O

James A. Steuart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John M. De Goey Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89933 Office of Registrar of Vital Statistics Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 4 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Monday March 1st 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Pully

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 114 Welcome alley city

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 4 86

Undertaker, Geo Watkins

Place of Business, 221 Eastern Av *Address,* 177 Shapley

C W L Bonz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89934 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 4 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gaiano

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, [redacted] *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1 Little Mc Elderry Alley

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St Veneslaus

Date of Burial, March 4th 1886

Undertaker, John Henry

Place of Business, 382 Orleans

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89935 *Office of Registrar of Vital Statistics.* 11

HEALTH DEPARTMENT MAR 4 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Johnson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, Col.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give Street and Number.} 279 N. Eutaw Street.

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, March 4th 1886

Undertaker, Alex Hamilton

Place of Business, 116 Orchard St

W. S. Titcomb, M. D.
Medical Attendant.

Address, 616 N. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 89936 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 1 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Henry Willis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 35 Bruce st

Cause of Death, First (Primary),

Second (Immediate), Dropsy

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Mar 3rd 1886

Undertaker, Wm. C. Dunigee

Place of Business, 62 East 81

W. A. Lung M. D.
Medical Attendant.

Address, 32 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8993 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 2d.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Femal

Age, 20. *Years,* 8. *Months.* 2 *Days*

Color, Ed.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give Street and Number.} 28 ~~Robert~~ St Norris alley

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, ~~4 days~~ 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Mar 4th 1886

Undertaker, Wm C Burgee

Place of Business, 62 East St

G H Ames M. D.
Medical Attendant.

Address, 163 Preston

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89938

Office of Registrar of Vital Statistics. Ward 18 2

HEALTH DEPARTMENT MAR 4 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mar 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James T Gaee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 135 Iceland St

Cause of Death, First (Primary), Catarrhal Pneumonia, following measles

Second (Immediate), Asphyxia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 4 1886

Undertaker, W H Chase

Place of Business, 98 Hanover st

Geo R Graham M. D.
Medical Attendant.

Address, 136 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 89939 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, March 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Turner

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, Black

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Drudger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Warren Court No 10

Cause of Death, First (Primary), Nephritis.

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Mar 5th 1886

Undertaker, Wm McQuaque

Place of Business, 62 East. st

John A Selmes M. D.
Medical Attendant.

Address, 11 Eden bet Eden & Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89940 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT MAR 4 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Krämer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seventy Eight (78) *Years,* ____ *Months,* ____ *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany — Not known

Duration of Residence in the City of Baltimore, Twelve (12) years

Place of Death, {Give Street and Number.} St Joseph's Hospital

Cause of Death, First (Primary), Acute Lobar Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 5 1886

Undertaker, H. McGinniss

Place of Business, Central Ave

Oscar J. Cooley M. D.
Medical Attendant.

Address. St Joseph's Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Each of Paragraphs on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 89941 *Office of Registrar of Vital Statistics.* **Ward** 10 "7

The Physician who attended any person in a last illness, is responsible for the present filing of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* of the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 7 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 3d 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Brouer.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ ~~*Months,*~~ Nine *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 165 Sarah Ann St.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 165 Sarah Ann St.

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, W. Port Cemetery

Date of Burial, Mch 4th 1886

Edward E. Mackenzie M. D.
Medical Attendant.

Undertaker Fred. A. Kerchner

Place of Business, Health Office, *Address,* 69 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8994 *Office of Registrar of Vital Statistics* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 1 1886 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, March 3/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Wm & Mary Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1/4 *Days*

Color, col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 111 Jasper St.

Cause of Death, First (Primary), —

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 4/86

Undertaker, A Henney

Place of Business, Orchard St *Address,* Cor Pitt & R

I Thos A Clemens M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo. E. Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8990 13 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnnie Johnston

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Most of his life

Place of Death, {Give Street and Number.} No. 157 Fulton Ave.

Cause of Death, First (Primary), Pneumonia Croupus

Second (Immediate),

Duration of Last Sickness, One week & one day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 4th 1886

Undertaker, D Gray & Mortimer

Place of Business, 630 W. Fayette St

Saml. T. Earle M. D.
Medical Attendant.

Address, 317 Linden Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89944 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 4 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Edwards

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 78 N. Washington St.

Cause of Death, First (Primary), Paralysis of brain

Second (Immediate), "

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery

Date of Burial, Feby 5th 1886

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

E. P. Bons M. D.
Medical Attendant.

Address, E. Balto. St. 375

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89945 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT MAR 4 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 3d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion McMeyers

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 45 Yrs.

Place of Death, {Give Street and Number.} 298 E. Baltimore St.

Cause of Death, First (Primary), Paralysis of Brain

Second (Immediate), "

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feby 6th 1886

Undertaker, Denny & Butchelt

Place of Business, 65 S Broadway

E. P. Irons *M. D.*
Medical Attendant.

Address, 375 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89946 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Elder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 82 *Years,* 6 *Months,* — *Days*

Color, White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Co Md.

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give Street and Number.} 230 Barkin st

Cause of Death, First (Primary), Old Age

Second (Immediate), Prostration

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing Balto Co

Date of Burial, March 5th

Undertaker, F. H. Doll. Chas Buddenbohn M. D.

Medical Attendant.

Place of Business, 131 Hanover St *Address,* 406 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4065 Harrison

[OVER.]

Health Department, City of Baltimore.

Permit No. 89947 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Kulpnick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 8 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 78 Princess

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Suffocation

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus New Cemetery

Date of Burial, March 4 1886

Undertaker, Matthew Codoyan

Place of Business, 227 Mulberry St

H. F. Hill M. D.
Medical Attendant.

Address, 23 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89948 *Office of Registrar of Vital Statistics.* Ward 16 61

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mch 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David E Badger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 7 *Months,* ——— *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charleston S C,

Duration of Residence in the City of Baltimore, 25 Years,

Place of Death, {Give Street and Number.} 84 Columbia Ave

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Exhaustion,

Duration of Last Sickness, 6 Months,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 5th 1886

Undertaker, John J. Mackin

Place of Business, 150 Camden

J H Emmey M. D.
Medical Attendant.

Address, 76 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89949 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 4 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stewart

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 12 Years

Place of Death, {Give Street and Number.} 63 Perry St

Cause of Death, First (Primary), —

Second (Immediate), Pulmonary Tuberculosis

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 5th 1886

Undertaker, Wm F Gray

Place of Business, 65 ~~Hanover~~

Dan'l Bell, M. D.

Medical Attendant.

Coroner for Dist.

Address, 161 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87950 *Office of Registrar of Vital Statistics.* March 19

HEALTH DEPARTMENT MAR 1 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah C. Stobdale

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co., Md.

Duration of Residence in the City of Baltimore, 26 yrs.

Place of Death, {Give Street and Number.} 22 Harlem Ave.

Cause of Death, First (Primary), Pneumonitis

Second (Immediate), Hydrothorax

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Harford Co Md.

Date of Burial, March 5th 1886

Undertaker, John J Andrews

Place of Business No 46 Druid Hill Ave

Eldridge C. Pace M. D.
Medical Attendant.

Address, 262 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Transit 4066

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

4 / 6

Permit No. 89951 *Office of Registrar of Vital Statistics.* Ward 6

HEALTH DEPARTMENT, MAR 4, 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura E. Brooks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 17 *Days*

Color, black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give Street and Number.} 36 Hanover St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 4 1886

Undertaker, H. Ross

Place of Business, 95 Car W'k's *Address,* 196 E. Baltimore St

Wm. A. Hill M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 89952

Office of Registrar of Vital Statistics.

16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, MAR 1 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, March 3 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertina Slutty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 6 *Months,* *Days.*

Color, [illegible]

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} West River Md

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give street and number.} 134 S. Eutaw St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Hemorrhage of Lung

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, March 5 1886

Undertaker, H Ross

Place of Business, 95 E Pratt St *Address,* [illegible]

[illegible] M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89953 *Office of Registrar of Vital Statistics.* Ward 16 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Emwart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 79 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County, Md.

Duration of Residence in the City of Baltimore, 42 years.

Place of Death, {Give Street and Number.} No. 104 N. Paca St.

Cause of Death, First (Primary),

Second (Immediate), Senile Bronchitis.

Duration of Last Sickness, six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, March 5th 1886

Undertaker, F. Lewis Letcher

Place of Business, 109 N Fremont

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89954 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mch. 4th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena M Boehmer.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} S.E. Cor. Warner & Wayne Sts.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, March 6th 1886

Undertaker, Ernst Schlander

Place of Business, 181 S. Sharp St *Address,* 152 Sharp St.

R. J. H. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89955 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar. 3rd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cathrina Boice

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} F

Age, ... *Years,* 11 *Months,* ..... *Days*

Color, C.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 11 Hager's Court

Cause of Death, First (Primary), Enteritis

Second (Immediate), Inanition

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 5th 1886

Undertaker, Wm. H. Madden

Place of Business, 46 East St.

H. L. Reynolds M. D.
Medical Attendant.

Address, 18 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

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Permit No. 89956

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 5 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *thoroughly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* ____ *Months,* ____ *Days.*

Color, Colored *Sex,* Female

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pa.

Duration of Residence in the City of Baltimore, about 15 years

Place of Death, {Give street and number.} 136 Raborg St.

Cause of Death, First (Primary,) ____

Second (Immediate,) Phthisis

Duration of Last Sickness, Since the last of October 1885 I am told but I only saw her twice March 1st & 2d of this year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 5th 1886

John C. Harris M. D.
Medical Attendant.

Undertaker, Wm. N. Dunn

Place of Business, East St. Address No. 360 Lexington St. Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8995

Office of Registrar of Vital Statistics. Ward 5

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 3 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 2 Jefferson Court

Cause of Death, First (Primary), General Debility.

Second (Immediate),

Duration of Last Sickness, From birth

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 7th 5

Undertaker, W. Bloksom Jr.

Place of Business, 193 E. Lombard St

D W Cathell M. D.
Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89958 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Brosius

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give Street and Number.} 517 Mulberry St

Cause of Death, First (Primary), old

Second (Immediate), age

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 5th 1886

Undertaker, Denny & Whitlock

Place of Business, 660 W Fayette St

I. E. Clagett M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89959 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Ryan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boiler-Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 34 Madison St

Cause of Death, First (Primary), Phthisis Pulm

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Mar 5/86

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* 67 2 Eutaw

Geo B Ryan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 89960. Office of Registrar of Vital Statistics. Ward 12"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT MAR 5 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Florrita Cole~~ March 5

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florrita Cole

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 Years, Months, Days,

Color, Mean

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 24 Jenkins Alley

Cause of Death, First (Primary), Cancer

Second (Immediate) Diabetis Incipidis

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 6th 1886

{Undertaker Alex Hunter} C McDodson M. D.

{Place of Business, 116 Orchard Address, 192 Linden Av} Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 89961 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE MAR 5 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Jackson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 68 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland Somerset Co

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give street and Number. } 45 Boyd St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Consumption

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 5th 1886

J. A. Gillis M. D.,
Medical Attendant.

Undertaker, W. H. Bishop

Place of Business, 97 Druid Hill Ave *Address,* 180 W. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89962 *Office of Registrar of Vital Statistics.* Ward 19th

HEALTH DEPARTMENT MAR 5 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 4 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. White

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give Street and Number.} 552 Franklin St

Cause of Death, First (Primary),

Second (Immediate), Pericarditis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Annarundel county

Date of Burial, March 7th 1886

Undertaker, Geo B Cook

Place of Business, No 707 N Broadway *Address,* 137 N. Carrollton av

J. W. C. Cuddy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4067 Bank

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Blank.

Health Department, City of Baltimore.

Permit No. 89963 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza J. Turner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington Co Md

Duration of Residence in the City of Baltimore, about four years

Place of Death, {Give Street and Number.} 142 Harlem av

Cause of Death, First (Primary), ...

Second (Immediate), Dysptoid pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Stone Chapel Hall Co

Date of Burial, March 4th & 5th

Undertaker, Stewart & Mowne

Place of Business, 35 Park ave

J. Boucher M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

338

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89964 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT MAR 9 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give Street and Number.} 64 Stockholm

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Thorp St. C.

Date of Burial, March 5th 1886

Undertaker, Hercules Rous

Place of Business, Conway St *Address,* Carey St. C.

James A Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Laura Thomas

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89965 *Office of Registrar of Vital Statistics.* Ward 6

HEALTH DEPARTMENT
MAR 5 1886
BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, March 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 134 Orleans St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Matthews

Date of Burial, 7th March 1886

Undertaker, Geo. Kelman

Place of Business, 63 N. Eutaw

L L Grosso M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89766

Office of Registrar of Vital Statistics.

Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 4th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Kowalewski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~ *Years,* ~ *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give Street and Number.} # 52 Thames St.

Cause of Death, First (Primary), Convulsions (Internal)

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Com

Date of Burial, March 6-1886

Undertaker, J. France

Place of Business, Bank & Wolff *Address,* 243 Thames

John H. Kelberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases

Health Department, City of Baltimore.

Permit No. 87967 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 4. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Clara Wood

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, one month

Place of Death, {Give Street and Number.} 131 Linden Av

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), Paralysis. General ~~Prostration~~

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mar. 6th 1886

Undertaker, Wm Weaver

Place of Business, # 203 N. Eutaw Address, 307 Madison Av

R. B. S. Browne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89968 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. E. Gorman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 141 Saratoga St

Cause of Death, First (Primary), Phthisis Pulmonalis, Hypertrophy and dilatation of heart.

Second (Immediate), Anasarca, Exhaustion

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem.

Date of Burial, Mch 6th 86

Undertaker, Wm J Tickner

H. Blunt Wm L. Sherry M. D.
Medical Attendant.

Place of Business, 65 S Eutaw St *Address,* 189 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89969 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sybil Pinsk

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 3. W. Baltimore st

Cause of Death, First (Primary),

Second (Immediate), Diphtheritic Croup

Duration of Last Sickness, about Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Hebrew Cem

Date of Burial, March 5 1886

Undertaker, J. B. Cook

Place of Business, 407 W Balto *Address,* 582 W. Fayette

W. M. Kinne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89970 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

B

CERTIFICATE OF DEATH.

Date of Death, March 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Earnest L. M. Raabe,

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, 19 *Years,* 4 *Months,* 4 *Days*

Color, White,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Moulder, V

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 14 yrs,

Place of Death, {Give Street and Number.} 112 S. Calhoun St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), "

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 7/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

John L. Pennington M. D.
Medical Attendant.

Address, 164 N. Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89971

Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne E Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 100 S Appleton St

Cause of Death, First (Primary), ...

Second (Immediate), Cardiac Disease

Duration of Last Sickness, Sev Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 7/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto

Wm Whitridge M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Page.

Board of Health, City of Baltimore.

Permit No. 89972 *Office of Registrar of Vital Statistics.* Ward 17 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th March 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Geller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 96 Ft Avenue

Cause of Death, First (Primary), Tuberculous

Second (Immediate), Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Ft Avenue C

Date of Burial, March 6

Undertaker B. Bates

Place of Business, 62 West St

A. T. Bodde M. D.
Medical Attendant.

Address, 110 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89973 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 5 1886

CERTIFICATE OF DEATH.

Date of Death, March 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunigunka Volk

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* 2 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} Eden & Gough & Register St.

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate),

Duration of Last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer burial

Date of Burial, March 7th

Undertaker, W L Diffenderffer

Place of Business, 151 S Bond St

D M Cattell M. D.
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8997 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Seegrist

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 3 *Years,* 2 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ~~Child~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} #271 S. Durham St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, March 7th 1886 John H. Kelbye M. D.

Undertaker, H. Sander & Sons Medical Attendant.

Place of Business, 252 Eastern Ave *Address,* 243 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore.

Permit No. 89975 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1886 6 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Sevoy

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 30 hours ~~Days~~

Color, black

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 228 Harlem Ave

Cause of death, First, (Primary,) Hemorrhage (umbilicus)

Second, (Immediate,)

Duration of Last Sickness, A few hours (supposed)

All the above information should be furnished by the Physician.

Place of Burial, Lloyd Street Cemetery

Date of Burial, March 4 1886

Undertaker, H C Rose

Place of Business, 25 Low Way St

H J Hoffroth M. D.,
Medical Attendant.

Address, 205 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8997b

Office of Vital Statistics. 1886 Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Warden Armstrong

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, one *Years,* 8 *Months,* 0 *Days*

Color, Dark brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give Street and Number.} No 10 State st

Cause of Death, First (Primary), Bad Cold

Second (Immediate), Pneumonia

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 7th 1886

Undertaker, Alex Hussey

Place of Business, 116 Richard St

Benj F Bohren M. D.
Medical Attendant.

Address, Cor Green & Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8977 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward F. Harmon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 39 S Alive Anna

Cause of Death, First (Primary), Concussion of Brain

Second (Immediate), Cerebral Meningitis

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mathews

Date of Burial, March 6th 1886

Undertaker, Fred. Gaede

Place of Business, 29 S. Caroline

James E Donnelly M. D.
Medical Attendant.

Address, 299 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89978 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cordelia Ridgely

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Sixty two *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sales Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard County Maryland

Duration of Residence in the City of Baltimore, About Thirty years.

Place of Death, {Give Street and Number.} No 111 North Gilmor St near Lexington

Cause of Death, First (Primary), Malarial Fever - Remittent type.

Second (Immediate), Adynamia - Asthenia.

Duration of Last Sickness, About two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 6th 1886 J. Ridgely Hammond M. D.

Medical Attendant.

Undertaker, Lemmy & Mitchell

Place of Business, 560 W Fayette St *Address,* 148 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Reverse

Board of Health, City of Baltimore.

Permit No. 89979. *Office of Registrar of Vital Statistics.* Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if not sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Zacharias Knauf

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 59 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow~~ *or Widower,* { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } York Pa.

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give street and Number. } 195 Johns St

Cause of Death, First (Primary), Contusion from a fall

Second (Immediate) Osteo-Sarcoma

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, York P.A.

Date of Burial, March 7th 1886

Undertaker C.H. Blizzard

Place of Business, 205 Penna. Ave.

Jno. T. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89980 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT MAR 6 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J. Canby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, President of Bank

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give Street and Number.} 163 Dolphin St

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Enlarged Prostate and Cystitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Mch 9th 1886

Undertaker, Kelly Eastern & Sons

Place of Business, Park & Saratoga

Thomas Shearer M. D.
Medical Attendant.

Address, 97 E. of Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89981 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 14 Lurman's alley

Cause of Death, First (Primary), Strangulated Hernia

Second (Immediate), Peritonitis

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 7/86

Undertaker, W. N. Dunn

Place of Business, East 5F *Address,* Camp & Union Ave

Geo. E. Brown M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo E Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89984 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Bowles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 20 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 9 Clarke alley

Cause of Death, First (Primary), Paroxysitis

Second (Immediate),

Duration of Last Sickness, Since Jany 18th

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, March 6th 1886

Undertaker, F. A. Kerchner

Place of Business, Health Office *Address,* Southern Dispensary

Julius Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 89983 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 6 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Donohue

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* 4 *Months,* — *Days,*

Color, White

~~*Married, Single, Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} # 62 Hartford ave

Cause of Death, First (Primary),

Second (Immediate) Pneumonia.

Duration of Last Sickness, 4 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, March 8 1886

Undertaker Jas O Byrne

Place of Business, 63 Fleet

H. P. Jones M. D.
Medical Attendant.

Address, 228 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89984 *Office of Registrar of Vital Statistics.* 1886 Ward 3 1/6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Drabjinski

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ... *Years,* 1 *Month,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 203 S Broadway

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate), —

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsis Cem Fe

Date of Burial, March 7th

Undertaker, Wm Sherlan

Place of Business, 5 E Ashland Ave

John H Rehberger M. D.
Medical Attendant.

Address, 743 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 6 1886 BALTIMORE MD

Permit No. 89985 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Runnay

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 10 *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give Street and Number.} 12 S Peters St

Cause of Death, First (Primary), Measles

Second (Immediate), Croup

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 8th 1886

Undertaker, John S. Thacher

Place of Business, 150 Camden St

Jno D Blake M. D.
Medical Attendant.

Address, 158 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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Permit No. 89986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, March 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William F. Flaharty

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Druggist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, a lifetime

Place of Death, {Give street and number.} 325, E. Madison St.

Cause of Death, First (Primary,) Pulmonary tubercular consumption

Second (Immediate,)

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 7th 1886

Morris Wiener M. D.
Medical Attendant.

Undertaker, John S. Mosher

Place of Business, No 156 London st Address 319, W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89987 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the representation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 6 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 5. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma. Hall.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 2 *Months,* 2 *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housewife,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va,

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} 91 N Eden St.

Cause of Death, First (Primary), Burns. (arms & Back.

Second (Immediate), Pneumonitis,

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 6. 1886

Undertaker, Chas. H. Hickman

Place of Business, 234 E. Fay

F. Edwards M. D.
Medical Attendant.

Address, 133 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89988 *Office of Registrar of Vital Statistics* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 5th March 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie W. Pearce

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* 3 *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N York

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give Street and Number.} 124 N Exeter St

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 4 years.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, March 7th 1886

Undertaker, Fred. H. Wiegand

Place of Business, 234 N. Eutaw St

N. W. Owings M. D.
Medical Attendant.

Address, 364 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89989 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 5th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary White The mother

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Infant

Age, — *Years,* 0 *Months,* 5 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 91 Amity St

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give Street and Number.} 91 Amity St

Cause of Death, First (Primary), Cyanosis?

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West St Cemetery

Date of Burial, March 8th 1886

Undertaker, [illegible]

Place of Business, [illegible]

R. D. Wachtill M. D.
Medical Attendant.

Address, Mill. Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87990 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Bias

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* ..... *Months,* ..... *Days*

Color, Colored

~~*Married, Single*~~, *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give Street and Number.} 215 Mullikin Street

Cause of Death, First (Primary), ...

Second (Immediate), Cerebral Congestion

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6 1886

Undertaker, S M Chase

Place of Business, 198 Howard St

E H Rulison M. D.
Medical Attendant.

Address, 101 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8991 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 5 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 3 '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Oliver

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* ~~~ *Months,* ~~~ *Days*

Color, Black

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tuberculosis pulmonum

Second (Immediate), Exhaustion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, W. B. Cemetery

Date of Burial, March 6 '86

Undertaker, Fritz A Kuchus

Place of Business, Health Office

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 49992 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 7 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Augustus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Lleming life

Place of Death, {Give Street and Number.} 58 Burgundy alley

Cause of Death, First (Primary),

Second (Immediate), Jaundice

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, March 7 1886

R. M. Hall M. D.
Medical Attendant.

Undertaker, H. Boor

Place of Business, 95 Eastern Ave *Address,* 262 Shakspeare

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Permits for Bu

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89993 *Office of Registrar of Vital Statistics.* Ward 9.

HEALTH DEPARTMENT MAR 6 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 6th A.D. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Walshe

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland 4 yrs in America

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Mitral Regurgitant & Dilat. Heart

Second (Immediate), Failure of Heart

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 7th 1886

Undertaker, Henry W. Means

Place of Business, ~~#~~ 22 W. Fayette Street

E Jan Hood M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT, MAR 8 1886 BALTIMORE, MD.

Permit No. 89994 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, March 5th, 1886 10 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Cullan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Forty One (41) *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland 13 yrs.

Duration of Residence in the City of Baltimore, (13) Thirteen Years

Place of Death, {Give Street and Number.} St. Josephs Hospital.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Apnoea

Duration of Last Sickness, Ten days (10)

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 7 1886

Undertaker, Just Byrne

Place of Business, 63 N. Front St.

Oscar F. Cooney M. D.
Medical Attendant.

Address, St. Josephs Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89995 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 6 1886 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, 3. 3. 86 March

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Magaulte Kuhn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 111 N. Fremont St

Cause of Death, First (Primary), Brights disease

Second (Immediate), albuminuria

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 7 86

Undertaker, A Rosenberger

Place of Business, 70 Mulberry St

Louis G. Hon M. D.
Medical Attendant.

Address, 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 8994 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of his Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. McDonald

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, ... *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 286 Mulberry St.

Duration of Residence in the City of Baltimore, One Month

Place of Death, {Give Street and Number.} 286 Mulberry St.

Cause of Death, First (Primary), Irritation of Bowels & Stomach (Obscure)

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sykesville

Date of Burial, March 7th 1886

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

H. M. Littell, M. D.
Medical Attendant.

Address, Fayette & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4070 Fremont

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 89997 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 6 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 4 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Weil

Sex, Male or Female, {Cross out the word not reqnired in this line.} Male

Age, 77 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number.} 15 Hollins St

Cause of death, First, (Primary,) old age

Second, (Immediate,) Asthenia from Diarrhoea Senilis

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Ohel Shalom Cemetery

Date of Burial, February 7

Undertaker, Jacob Strens

Place of Business, 28 High St

A Arons M. D.
Medical Attendant.

Address, 216 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the disease and date of death, except in cases of births and deaths of illegitimate children. [OVER

No. 1776

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 89998 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar. 5. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. W. Washington

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 7 *Days*

Color Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 180 Pearl St

Cause of Death, First (Primary), Meningitis

Second (Immediate), Spasm

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Mark's St Cem

Date of Burial, Mch 7th 1886 Geo A. Fleming *M. D.*

Undertaker, Alex Jewett Medical Attendant.

Place of Business, 116 Arch St Address, Franklin & Green

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 8999 1777

Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 5 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH

Date of Death, March 5 /86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simms Chatterton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, one week

Place of Death, {Give street and number.} 3 Lawrence St

Cause of death, First, (Primary,) Apoplexia Hemorrhagica

Second, (Immediate,) Convulsions

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County 11th District

Date of Burial, March 8th 1886

Undertaker, Terry & Mitchell

Place of Business, 560 W Fayette St

A. Aronson M. D.,
Medical Attendant.

Address, 976 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9991 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 6 1866 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 4th of March 1866

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Warrington

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 8 *Months,* 9 *Days,*

Color, Negro

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 89 Aisquith st

Place of Death, { Give street and Number. } 89 Aisquith st

Cause of Death, First, (Primary,) Croup to Bron pneumonia

Second, (Immediate,) Was the Med only one and is the Lungs agony

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial. Shorpe st Cemetery,

Date of Burial. March 7 1866

Undertaker. William Strong

Place of Business. 62 East st

D. A. Wiltmann M. D.,
Medical Attendant.

Address, 120 Pearl st Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90002 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 7 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Wehrenberg

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md - Life -

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 401 Saratoga St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia with Laryngitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, March 7 1886

Undertaker, A Rohde

Place of Business, 78 Penna avenue

O. Edw. Janney, M. D.
Medical Attendant.

Address, 242 N. Eutaw pl.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90003

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1886 BALTIMORE

Date of Death, March 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* *Days*

Color, cd —

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 194 Constitution St

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 8th 1886

Undertaker, Wm. J. Gray

Place of Business, 63 Mulberry St

D. D. Gwinn M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9000 1

Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1886 BALTIMORE

Date of Death, March 6, 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ann Wilson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} No 274 Saratoga st

Cause of death, First, (Primary,) General Paresis

Second, (Immediate,)

Duration of Last Sickness, About 9 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, March 8th 1886

Undertaker, Jos L Cook

Place of Business, No 707 W Baltimore st

R W. Mifflin M. D.,
Medical Attendant.

Address, 188 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 90005

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90005

Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1886 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Barock,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 54 *Years,* — *Months,* — *Days*

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married,

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia, 19 years.

Duration of Residence in the City of Baltimore, 19 years,

Place of Death, {Give Street and Number.} 14 Abbott st

Cause of Death, First (Primary), Dilatation of Heart

Second (Immediate), Heart Failure

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Most Holy Redeemer Cl

Date of Burial, March 7, 1886

Undertaker, Frank Coach

Place of Business, 242 N. Durham st

Chas. B. Zaglin M. D.
Medical Attendant.

Address, 282 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks [illegible] of this Certificate.

Health Department, City of Baltimore.

Permit No. 9006 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1886 BALTIMORE. 19

CERTIFICATE OF DEATH.

Date of Death, March 6 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 18 Boulton alley

Cause of Death, First (Primary), Teething

Second (Immediate), Spasms

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, March 7th 1886

Undertaker, W N Bishop Jr

Place of Business, 91 Druid Hill

C. Fawcett M. D.
Medical Attendant.

Address, 72 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9007 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 1886 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 5. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Sewell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 187 Lee St

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, March 7th 1886

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts. *Address,* 76 S. Paca st

J. H. Cumming M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9008

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Eberdine

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* *Months.* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 4 months

Place of Death, {Give Street and Number.} 432 W. Lanvale st

Cause of Death, First (Primary), Died Suddenly from

Second (Immediate), effects of a gun shot wound

Duration of Last Sickness, about 2 minutes

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, March 7th 1886.

Undertaker, John F. Kellogg

Place of Business, 308 W. Franklin st

Wm A Jones M. D.

Coroner ~~Medical Attendant.~~

Address, 322 Hollins st City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9009

Office of Registrar of Vital Statistics.

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1886 BALTIMORE

Date of Death, March 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simon Ross Small

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 90 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 85 years

Place of Death, {Give Street and Number.} 188 E Fall pt

Cause of Death, First (Primary), Apoplectic Hemiplegia

Second (Immediate), Coma

Duration of Last Sickness, three day

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 9th 1886

Undertaker, Denny & Mitchell

Place of Business, 66 S Broadway

L P Wiesmire M. D.
Medical Attendant.

Address, 12 S Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

9 11

Permit No. 90910

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 8 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Jordan

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 11 *Months,* 6 *Days.*

Color, W. *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 86 S. Sharp St.

Cause of Death, First (Primary,) Nasal Catarrh

Second (Immediate,) Pneumonia

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Beloir Loc Meb Cemetery. Wm B. Fidden M. D.

Date of Burial, March 8th 1886. Medical Attendant.

Undertaker, Evans & Spence

Place of Business, 60 E. Balto St. Address 84 W. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90111 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 8 1886 BALTIMORE, MD.

Date of Death, March 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Pfeltz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 3 Months. 12 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore, 1 month

Place of Death, {Give Street and Number.} Hoffman St. Extended.

Cause of Death, First (Primary), ~~~

Second (Immediate) Pneumonia.

Duration of Last Sickness, ~~~

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 8th

Undertaker, George Schilling

Place of Business, ~~~ Landsman

W. F. Kemp M. D.
Medical Attendant.

Address, 55 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9012 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE, MD. MAR 8 1886

CERTIFICATE OF DEATH.

Date of Death, 6th March 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie M Faid

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 68 Bird St

Cause of Death, First (Primary), Burns

Second (Immediate), Exhaustion

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, 8th March 1886

Undertaker, Bernard Bailey

Place of Business, 82 West St

J. J. Woodyer M. D.
Medical Attendant.

Address, 110 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90913 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1886 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, March 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minah Jane Mines

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 14 *Years,* 6 *Months,* *Days*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot County Maryland

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give Street and Number.} No 11 Bonaly Lane

Cause of Death, First (Primary), Acute Tuberculosis

Second (Immediate),

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Salem Evergreen

Date of Burial, March 9th 86

Undertaker, Wilmont Dryce

Place of Business, 62 East St

Wm. L. Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 20,014

Health Department, City of Baltimore.

Permit No. 20014 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, MAR 8 1886 BALTIMORE, MD.

Date of Death, March 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Faulmaker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ball City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 308 N. Arch St

Cause of Death, First (Primary), Scarlatina Maligna

Second (Immediate), Hyperpyrexia

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 8th 1886

Undertaker, Henry Hook

Place of Business, 303 N Central Ave Address

S. W. Slemmer M. D.
Medical Attendant.

Residence 1 E Eager St Carlisle

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9095 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 8 1886 BALTIMORE, MD.

Date of Death, March 7 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Reusing.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* Seven *Months,* — *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} No. 579 Hanford ave

Cause of Death, First (Primary), ...

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness, About eight days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, March 8 1886

Undertaker, Henry Hook

Place of Business, 3 & 5 N. Eutaw St. *Address,* 579 Hanford ave

Geo. A. Elwell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9016 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 7. 886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} B Lauche A Gottheimer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 0 *Years,* 1 3 *Months,* *Days*

Color, black

Married, *Single,* *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 312 N Hoffman

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 2 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 8th 886

Undertaker, Alex Sons

Place of Business, 4th & Preston sts *Address,* 219 Madison ave

G Lane Tanyhill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 90017

Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 8 1886 BALTIMORE, MD.

Date of Death, March 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis A. Leeser

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~7 7~~ 53 *Years,* 11 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Trunk maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 64, N. Eutaw St

Cause of death, First, (Primary,) Chronic Endo-carditis

Second, (Immediate,) Cardiac Spasm & Paralysis

Duration of Last Sickness, Some 12 mos.

All the above information should be furnished by the Physician.

Place of Burial, Via Lina Cemetery

Date of Burial, March 9

Undertaker, Jacob Ahrens

Place of Business, 28 High St

R. W. Mifflin M. D.,
Medical Attendant.

Address, 188 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20018 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 8 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 7 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mayor Rose

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* —— *Months,* —— *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hod Carrier

Birth Place, {State or country, and how long in the United States, if of foreign birth.} A A Co Md

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 56 E Burgundy

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), "

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 9 1886

Undertaker, H Rau

Place of Business, 95 E Pratt St

Jno A Hau M. D.
Medical Attendant.

Address, 15 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 9019 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or at once, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7, 1886, at 8 A M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Green

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, one *Years,* two *Months,* x *Days,*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and Number.} No 68 Cider Alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ~~Typhoid~~

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial Shanks St Cemetery

Date of Burial March 8 1886

Undertaker H Ross

Place of Business, 95 Eutaw & Way St

William T. Gordon M. D.
Medical Attendant.

Address, Mobmule

HEALTH DEPARTMENT, MAR 8 1886, BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90020 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 6/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smitt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days*

Color, col'd

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Sews

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give Street and Number.} 142 N. Bethel St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March 8th

Undertaker, J. Wm E. Grace

Place of Business, S. Bar Line at 142

R. W. Mansfield M. D.
Medical Attendant.

Address, 60 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9022 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Ellen Hamil

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ... *Years,* 19 *Months,* ..... *Days*

Color, Coll

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} Zoy Vincents al

Cause of Death, First (Primary), Catarrhal phthisis.

Second (Immediate), ...

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Charles St Cemetery

Date of Burial, March 9 1886

Undertaker, Alex Hemsley

Place of Business, Woodlawn Ave *Address,* 22 Edmondson ave

J. M. Hemsley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90022 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. MAR 8 1886

CERTIFICATE OF DEATH.

Date of Death, March 6, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angelo Gallagher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* 2 *Months,* *Days*

Color, W.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Teacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick, Md.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} 192 N. Gilmor St.

Cause of Death, First (Primary), Paralysis

Second (Immediate), Heart failure

Duration of Last Sickness, 16 minutes

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, March 9th 1886

Undertaker, New Enslow & Sons

Place of Business, Park & Saratoga

C. Edw. Jamus, M. D.
Medical Attendant.

Address, 242 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90023 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, MAR 8 1886 BALTIMORE, MD.

Date of Death, March 5th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice V. Brantley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 70 S. Monroe St

Cause of Death, First (Primary), "

Second (Immediate), Phthisis

Duration of Last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 8/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 38 W. Lombard

D. J. Sheen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90024 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, MAR 8 1886 BALTIMORE, MD.

Date of Death, Mar 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew C. Tracey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Police Officer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} 6 6 N. Caroline

Cause of Death, First (Primary), Paralysis of Heart and Pedal X

Second (Immediate), Asthenia

Duration of Last Sickness, Nine (9) days #

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 8th 1886 Geo. L. Dirickson M. D.

Undertaker, H. Saunderson Medical Attendant.

Place of Business, 252 Caroline *Address,* 77 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

In my judgment his death was caused by the irregular life made necessary by the rest system of police regulations

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90025 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 8 1886 BALTIMORE, MD.

Date of Death, March 7/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Seiler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 212 East. ave

Cause of Death, First (Primary), Inflammation of lungs

Second (Immediate), convulsions

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel cem.

Date of Burial, March 8th '86

Undertaker, H. Sanders & Son

Place of Business, 252 Canton Ave *Address,* 50 So Broadway

R. W. Mansfield M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 90026 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Yeager

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* ——*Months,* ——*Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 11 Years.

Place of Death, {Give Street and Number.} 48 S. Washington St

Cause of Death, First (Primary),

Second (Immediate), Cardiac Dropsy, Ascites

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery

Date of Burial, March 9th 1886

Undertaker, John Lake

Place of Business, 201 E Balto St

E. Ridgway Finlay M. D.
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 9997 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 8 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Mar. 5th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Burns.

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* — *Months,* — *Days,*

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} York Co. Penna

Duration of Residence in the City of Baltimore, 20 Years.

Place of Death, {Give street and Number.} # 248 Argyle Ave

Cause of Death, First, (Primary,) Mitral Insufficiency - Cardiac Hypertrophy

Second, (Immediate,) Cerebral Paralysis

Duration of Last Sickness, Two Years

All the above Information should be furnished by the Physician.

Place of Burial, Manchester Cemetery Md

Date of Burial. March 9th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

Edw D. Conlyn M. D., Medical Attendant.

Address, # 244 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90928 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David C. Shea

Sex, Male or Female, {Cross out the word not required in this line.}

Age, / *Years,* 4 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 121 Scott

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), —

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 8th 1886

Undertaker, M. Cadogan

Place of Business, 227 Mulberry St

Edw'd F. Mitchell M. D.
Medical Attendant.

Address, 203 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9029 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 7 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Campbell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Wilmington Del

Duration of Residence in the City of Baltimore, 3 Mos.

Place of Death, {Give Street and Number.} 191 Constitution St

Cause of Death, First (Primary), [illegible] Catarrh

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Mar 8 th

Silas N. Hunter M. D.
Medical Attendant.

Undertaker, H. C. Windefeld

Place of Business, 90 Greenmount *Address,* 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 90030 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MAR 8 188[illegible]

CERTIFICATE OF DEATH.

Date of Death, March 7 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Jamney

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 88 *Years,* —— *Months,* —— *Days*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} ——

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Md~~ Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 53 Johnson St

Cause of Death, First (Primary), Congestive Stroke

Second (Immediate), Paralysis

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 9 1886

Undertaker, S H Chase

Place of Business, 98 Howard St

E B Noble M. D.
Medical Attendant.

Address, 50 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 90031 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE MAR 8 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Frost

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 5 *Months,* *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give Street and Number.} 138 Harlem Av

Cause of Death, First (Primary), General Tuberculosis

Second (Immediate),

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Freedom Carroll Co

Date of Burial, March 1886

Undertaker, Dennis & Mitchell

Place of Business, W Fayette St Address, 137 Park Av

L McLane Tiffany M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4073 Harrison

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Letter Directions on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 90032 *Office of Registrar of Vital Statistics.* Ward 9 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sunday March 7th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Lemmon Elliott

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 45 *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 6 Hanover alley

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Exhaustion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 8 86

Undertaker Morgan & Pye

Place of Business, # 9 Mulberry *Address,* Park Ave & Mulberry St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate

Health Department, City of Baltimore.

Permit No. 90033 *Office of Registrar of Vital Statistics.* Ward 5-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, MAR 8 1886 BALTIMORE, MD.

Date of Death, March 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dolar May Batrus

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 9 Months, 15 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 512 Millerman St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Asphyxia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 9, 1886,

Undertaker, Henry McGinnis,

Place of Business, 4 & N. Central Ave, Address, E. Fay Hartline

J. W. Sloan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...this Certificate.

Board of Health, City of Baltimore,

Permit No. 9003 — *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 7 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. V. Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* 21 *Days,*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Last maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore —

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and Number.} 435 Barclay St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Exhaustion —

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Mar 9 1886

Undertaker, Jas [redacted] Byrne

Place of Business, Front St

B. F. Grove M. D., Medical Attendant.

Address, 286 E Bell

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20035 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. CITY MAR 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleonora Hooper

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 207 Dover Street

Cause of Death, First (Primary),

Second (Immediate), Bronchial Catarrh

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, March 9th 1886

Undertaker, Hercules Rose

Place of Business, 95 Conway St. *Address,* Cum & B & R

James A Steuart M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall ~~die in the~~ said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

J. W. Thomas
per Son Treph

Board of Health, City of Baltimore,

11°

Permit No. 90036

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Guy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty nine *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Hostler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Long Green Balto. County Md.

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 42 St. Mary St.

Cause of Death, First (Primary,) Heavy Cold

Second (Immediate.) Pneumonia

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 9/1886

W. H. Thompson, M. D.
Medical Attendant.

Undertaker, Wm J Gray

Place of Business, 65

Address 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Attention of Physicians is respectfully invited to the Returns below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9037 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl Goldstein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 10 Park St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore~~ Loudon Park Cemetery

Date of Burial, March 9 1886

Undertaker, A Rosenbower

Place of Business, 70 Mulberry St *Address,* 2 Cathedral St

H. Deaton's *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90038 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 8/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Reynolds

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 85 *Years,* 11 *Months,* 12 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} A. A. County Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 3 Argyle ave

Cause of Death, First (Primary), old age

Second (Immediate), Heart failure

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Mound Olivet

Date of Burial, March 10

Undertaker, Andrew Rohde

Place of Business, 48 Penna ave

Jas. E. Gibbons M. D.
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90939 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ed. Broneker.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 169 West 8th

Cause of Death, First (Primary),

Second (Immediate), Acute Meningitis

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill C.

Date of Burial, Mar. 10

Undertaker, B. Hall

Place of Business, 52 West Pratt

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 99040 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 7 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Robinson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 2 *Months,* ..... 20 *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 13 Wilmer alley

Cause of Death, First (Primary), Jaundice

Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Shanpst-Cemetry

Date of Burial, March 9. 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard st

C. Fawcett M. D.
Medical Attendant.

Address, 92 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Spec... [illegible] ...Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90041 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Braudhoff

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Glassblower

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give Street and Number.} 705 Hanover St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, May 10th 1886

Undertaker, C.T. Evans & Son

Place of Business, 209 Hanover St

W.D. Keyser M.D.
Medical Attendant.

Address, 935 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90042 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen A. Bruis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N. Y.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} S Wilson Alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, London Park National

Date of Burial, March 9th

Undertaker, H. C. Widefield

Place of Business, 90 Greenmount Ave *Address,* 72 N Caroline

Geo. Keyser, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90043 *Office of Registrar of Vital Statistics.* Ward 8

HEALTH DEPARTMENT MAR 10 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Ann Hogan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 15 Years.

Place of Death, {Give Street and Number.} 300 Greenmount Ave.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Mar 10th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* 115 W. Monument St.

C. O'Donovan Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9004 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 8th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Coleman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 203 Burgundy st.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Prostration

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, March 10 86

Undertaker, P. J. Dill

Place of Business, 183. Columbia Av

C. L. Buddenbohm M. D.
Medical Attendant.

Address, 166. S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 900475

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT.
MAR 9 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 7-86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Ls. Hemingford

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~——~~ *Years,* 3 *Months,* 24 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 228 Balton St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 9th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Parkin

J. J. King M. D.
Medical Attendant.

Address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 90046 *Office of Registrar of Vital Statistics.* Ward 12th

HEALTH DEPARTMENT
MAR 1884
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th March 80

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw. E Black

~~Sex,~~ *Male or Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto - and.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 325 Madison ave

Cause of Death, First (Primary), Phthisis

Second (Immediate), "

Duration of Last Sickness, 18 mos.

the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 10th 1884

Undertaker Stewart & Mowen

Place of Business, 35 Park ave

J. Donaldson M. D.
Medical Attendant.

Address, 105 Park ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9047 *Office of Registrar of Vital Statistics.* Ward 3 11

HEALTH DEPARTMENT MAR 8 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Thomas

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 20 *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} S. Bethel St 120

Cause of Death, First (Primary), Spasm

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, March 10 1886

Undertaker, Chas J Locke

Place of Business, 473 Jefferson St

John A Schulz M. D.
Medical Attendant.

Address, Cor Gough & Eden Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90048 *Office of Registrar of Vital Statistics.* Ward 5-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 9. 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Magdalene Gehring

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 92 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give Street and Number.} 167 Ensor St

Cause of Death, First (Primary), Senility

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, March 10 1886

Undertaker, Wm L Hickman

Place of Business, 234 E Gay St *Address,* 2 W Baltimore

H W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9 1 0 4 9 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 8, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Simon.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} +

Occupation, +

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 61 Market Space.

Cause of Death, First (Primary),

Second (Immediate), Cyanosis

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Evangelical Cem

Date of Burial, March 9. 1886

Undertaker, H. Sander Sons

Place of Business 252 Eastern Ave *Address,* 96 S. Ann St. A. J. Gonvaites M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 90950 *Office of Registrar of Vital Statistics* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 3rd Mon 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F. Wardell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* 11 *Months,* 28 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 195½ Penna Ave

Cause of Death, First, (Primary,) Bright's disease

Second, (Immediate,) do do

Duration of Last Sickness, Three months in the house

All the above information should be furnished by the Physician.

Place of Burial Western Cem.

Date of Burial, Mch 10/86

Undertaker, Wm J Tickner

Place of Business, 65 S. Eutaw St. *Address,* 317 Madison Ave

Dr Carey Thomas M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Card.

Health Department, City of Baltimore.

Permit No. 9095 1 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Smith

Sex, ~~*Male or Female*~~, {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give Street and Number.} 261 Madison Avenue

Cause of Death, First (Primary), Old age

Second (Immediate), Senile Pneumonia

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 10th 1886

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw

John Dickson M. D.
Medical Attendant.

Address, 261 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 90052 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER'S OFFICE MAR 9 1886 BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, March 9 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Stewart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) .....

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 10th 1886

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

C. Fawcett M. D.,
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert...

Health Department, City of Baltimore.

Permit No. 90953 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 8/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester A. Skinner

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days*

Color, (Colored)

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 4 Bolton Alley

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'

Date of Burial, March 9th 1886

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St *Address,*

J Ricketts M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90052 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 8 1886
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, March 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Stafford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give Street and Number.} 55 S Eden Street

Cause of Death, First (Primary), Pulmonar Consumption

Second (Immediate),

Duration of Last Sickness, 15 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Mch. 10th 86

Undertaker, G. Franc

Place of Business, Bank & Wolfe St *Address,* 184 W Baltimore

E. J. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 10055 — *Office of Registrar of Vital Statistics.* — Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED MAR 8 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, March 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S Stromer,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1446 S Wolfe St

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, about 6 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, March 10th 1886

Undertaker, Germanus France

Place of Business, Wolfe & Bond St *Address,* Entry No 1446

Thos A Cleary M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Sanitary Inspector

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90056 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 1886 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, March 8. 1886

Full Name of Deceased, {Writs legibly and spell correctly. If an Infant not named, give names of parents.} Robert Smiley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Newcastle Co. Delaware

Duration of Residence in the City of Baltimore, 70 yrs

Place of Death, {Give Street and Number.} 381 Lombard St.

Cause of Death, First (Primary),

Second (Immediate), Catarrhus Senilis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, March 11th 1886

Undertaker, Jos B. Coots

Place of Business, 1870 W. Baltimore St

C. W. Neff M. D.
Medical Attendant.

Address, 306 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 90057 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 9 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Harman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 3 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 64 N. Broadway.

Cause of Death, First (Primary), Malarial Hemia

Second (Immediate), Peritonitis

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Fells Pt. Jew Cemetery

Date of Burial, March 10th 1886

Undertaker, John Henry — D. A. Cashen M.D.

Medical Attendant.

Place of Business, 382 Orleans St. *Address,* 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90958 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schmidt.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet Maker,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, {Give Street and Number.} 66 Albemarle St

Cause of Death, First (Primary), Asthma, comp'd with Heart Disease

Second (Immediate), of Long Form

Duration of Last Sickness, 8 Mths.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 10 1886

Undertaker, John Herring

Place of Business, 382 Orleans St *Address,*

J. Rickert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 91059. *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. MAR 9 1886

CERTIFICATE OF DEATH.

Date of Death, March 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Cissell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and Number.} 157 Fremont St

Cause of Death, First (Primary), Consumption

Second (Immediate) "

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial Ellicott City Md.

Date of Burial, March 10th.

Undertaker F. W. Foll.

Place of Business #131 Hanover St. *Address* Arlington Lafayette Ave

James Bacon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

46/74 Cissell

[OVER.]

Board of Health, City of Baltimore,

Permit No. 90160

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Lofner.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 11 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give street and number.} 43, N. Chapple St—

Cause of Death, First (Primary,) Cold,

Second (Immediate,) Pneumonia.

Duration of Last Sickness, 31 days,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cem

Date of Burial, Feb 11th

J. M. Goibill M. D.
Medical Attendant.

Undertaker, W. R. Wolkamp & Co

Place of Business, 253. E. Lombard St

Address 23. S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9[illegible]61 *Office of Registrar of Vital Statistics.* 18[illegible] Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

8

CERTIFICATE OF DEATH.

Date of Death, March 7 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Isabella Dennis

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days*

Color, Colored.

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} Monument St. near

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 10th 1886

Undertaker, Jas H. Chase

Place of Business, 1515 Hanover St

G. G. Lentz M. D.
Medical Attendant.

Address, Balt. & Gas L. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9067 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar. 9. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walker Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days*

Color Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} #18 E Pine St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 10 1886

Undertaker, A. Hensley

Place of Business, Orchard St. *Address,* Franklin & Howard

Geo. A. Hamm *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90063 *Office of Registrar of Vital Statistics* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate

HEALTH DEPARTMENT MAR 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 8. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Odenwelder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 9 Prince St

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Worcester Co. Md.

Date of Burial, March 10 86

James Bosley M. D.
Medical Attendant.

Undertaker, P. T. Dulin

Place of Business, 183 Columbus *Address,* 319 Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 90464 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 9. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Meagher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* One hr *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 207 Pierce st

Cause of Death, First (Primary),

Second (Immediate), Cremation Burns (Trismus)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 10. 1886

Undertaker, A. Rowberry

Place of Business, 60 Eutaw

C. Wolff M. D.
Medical Attendant.

Address, 306 N. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90965 *Office of Registrar of Vital Statistics.* Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

a

Date of Death, March 9 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lea Samuels

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months.* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 196 East St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 196 East St.

Cause of Death, First (Primary), Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 Days

All the above Information should be furnished by the Physician.

Place of Burial, Oheb Shalom

Date of Burial, March 10 1886

Undertaker, Evans & Spence

Place of Business, E. Balto St

J. H. Robinson M. D

Medical Attendant.

Address, 25 N Greene Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90066 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

B

Date of Death, March 8 — 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sul

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 8 *Months,* — *Days*

Color, Wht.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give Street and Number.} No. 200 E. Chase St.

Cause of Death, First (Primary), I cannot state cause of death — will have to consult the state's Attorney in reference to analysis — I have the stomach contents, liver & kidney, which Dr. Cowalman took out

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 10 — 1886

Undertaker, Henry Hoeck

Place of Business, 309 N. Central Ave. *Address,* Coroner Cent. Dist.

Alexander Hill, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9067 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 10 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Roemer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give Street and Number.} 1½ Anthony

Cause of Death, First (Primary), Dyspepsia & Bronchitis

Second (Immediate),

Duration of Last Sickness, 4 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Holyoaemer Cemetery

Date of Burial, March 11, 1886

Undertaker, Henry Hoerth

Place of Business, 309 N Central ave *Address,* 283 N. Eden - Balto

Edwin B. Fenby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90068 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1890 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, March 9th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ford

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give Street and Number.} 8 Constitution

Cause of Death, First (Primary), Phthisis to Edema

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, March 11th

Undertaker, John J. Logan

Place of Business, 84 Holliday st

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 124 E. Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91069 *Office of Registrar of Vital Statistics.* Ward 6 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, March 8/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Breudel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give Street and Number.} 4 Moyer St

Cause of Death, First (Primary), Most probably Cancer Stomach

Second (Immediate), Hemorrhage Stomach

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, 10th March

Undertaker, H. Dippel

Place of Business, 151 S. Bond St. *Address,* 344 E. Baltimore St.

J. H. Hollenberg, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 90970 *Office of Registrar of Vital Statistics.* Ward 20 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Thompson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 109 Shields alley

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 109 Shields alley

Cause of death, First, (Primary,) .....

Second, (Immediate,) Consumption & Lung fever

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, March 11 1886

Undertaker, Wm Hemsley

Place of Business, 116 Marchant St

J. Pray Smith *M. D.,*
Medical Attendant.

Address, 82 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 9907 / *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

LIBRARY DEPARTMENT
MAR 10 1886
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 6 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ubb (Infant)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* ~~~ *Months,* 1½ *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 71 East St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 71 East St

Cause of Death, First, (Primary,)

Second, (Immediate,) Umbillical Hemorrhage

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 9 - 1886

Undertaker, W W Madden

Place of Business, 76 East St

David V Mayer M. D.,
Medical Attendant.

Address, 192 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

Health Department, City of Baltimore.

Permit No. 90972 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MAR 10 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, March 9 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Hoff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cooker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Sixt years

Place of Death, {Give Street and Number.} 57 Gr...

Cause of Death, First (Primary), Inflaming of the Rheumatism

Second (Immediate), Attack of the whole frame

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 11th 1886

Undertaker, H. Clarke & Sons

Place of Business, 92 S. Ann st *Address,* 92 ...

Dr. ... M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This ...

Health Department, City of Baltimore.

Permit No. 90073 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Rose Brady

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Adams Co. Pa

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give Street and Number.} House of the Good Shepherd

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, March 10 1886

Undertaker, Chas. Libenhardt and M. D.

Medical Attendant.

Place of Business, 707 W. Baltimore *Address,* 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 9097 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or s... if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 10 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 9. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Dillon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 7 Hanover

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 5 months

All the above Information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Mch. 11/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 319 S Hanover St

Medical Attendant. James Bailey M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 20075 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 10 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 7/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Scott Dickson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, Col'd.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Labourer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Crisfield Md.

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give Street and Number.} 2 Mullikin Court

Cause of Death, First (Primary), consumption

Second (Immediate),

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, March 10th 1886

Undertaker, Wm. A. Sisson

Place of Business, Health Office *Address,* 52 So Broadway

R W Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 90076 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 7, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hanson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 134 N. Chapel st.

Cause of Death, First (Primary), Cramps

Second (Immediate), ...

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov. 10th 86

Undertaker, G. Franc

Place of Business, Bank & Wolfe Sts. Address, 344 E. Balto. st.

J. H. Cullenberg, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 90077 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Slater

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 43 — *Years,* *Months,* *Days,*

Color, Negress

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 113 Jasper St

Cause of Death, First, (Primary,) Asthma & Bright's Disease

Second, (Immediate,)

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 11th 1886

Undertaker, Wm James Gray

Place of Business, 65 Mullen St

Adolph Powell, M. D., Medical Attendant.

Address, 128 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the matters below, and to use of Blanks on hand.

Health Department, City of Baltimore.

Permit No. 90078 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after* the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 10 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Young

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single*~~, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Buffalo New York

Duration of Residence in the City of Baltimore, 3 year 6 months

Place of Death, {Give Street and Number.} 9. S. Front. St

Cause of Death, First (Primary), Heart disease

Second (Immediate), Dropsy

Duration of Last Sickness, Two year

All the above information should be furnished by the Physician.

Place of Burial, Buffalo N. Y.

Date of Burial, ...

Undertaker, Wm F Schaaff

Place of Business, 5 S Front St

E. L. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4075 Fraser

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90079 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 10 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. N. Landvoir

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* 7 *Months,* 14 *Days*

Color, Wh.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Coach Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Smyrna, Del.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 270 W. Biddle St.

Cause of Death, First (Primary), Asthma

Second (Immediate),

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, March 10th 1886

Undertaker, F. Louis Schaefer

Place of Business, 109 N. Front *Address,* 57 N. Broadway

E. B. Britton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90080 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Hellman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 191 S Paca St

Cause of Death, First (Primary), ...

Second (Immediate), Pulmonary Consumption,

Duration of Last Sickness, 10 Months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Mch 12th 1886

Undertaker, Hellwig Ent Co Rms

Place of Business, Park & Saratoga

J. H. Surrey M. D.
Medical Attendant.

Address, 26 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 90081 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH. 74

Date of Death, March 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Lee

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* *Days.*

Color, W

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and Number.} Aged Men's Home

Cause of Death, First, (Primary,) Paralysis.

Second, (Immediate,)

Duration of Last Sickness, 3 Mos.

All the above information should be furnished by the Physician.

Place of Burial Greenmount

Date of Burial, March 11th 1886

Undertaker, Henderson & Klein

Place of Business, Park & Saratoga Address, 1 Waverly Terrace

Geo H Eglee M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90082 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1886

Full Name of Deceased, {White legibly and spell correctly. If an Infant not named, give names of parents.} Walter Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* ✓ *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 yrs, 5 mos, 9 days

Place of Death, {Give Street and Number.} 24 Chestnut Alley.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Bronchitis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 11 1886

Undertaker, Hercules Boas

Place of Business, 95 Eastern Ave St

Wm P Chum M. D.
Medical Attendant.

Address, University of

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 11 1886 BALTIMORE

Permit No. 9 0 4 8 3 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, March 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H. Cramwell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 3 *Months,* 15 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 134 Cider Alley

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 11 1886

Undertaker, Geo. Cuba Rox

Place of Business, 92 Con Hoyst

S. A. Bell M. D.

Medical Attendant.

Address, 1[illegible] Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9 0 0 8 4 *Office of Registrar of Vital Statistics,* Ward 9

HEALTH DEPARTMENT MAR 11 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9: 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hiram Richd Butler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore. 16 Years

Place of Death, {Give Street and Number.} 15 P.B. Alms

Cause of Death, First (Primary), Bronchitis chronic

Second (Immediate),

Duration of Last Sickness, Last 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpsburg cemetery

Date of Burial, March 12 1886

Undertaker, H Roar

Place of Business, 95 Con Way St *Address,* 201 West Con

P.C. Thomas M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90085 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Rebecca Greenwell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Jersey City N. J.

Duration of Residence in the City of Baltimore, Twenty yrs.

Place of Death, {Give Street and Number.} Bradford St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Ex Pneumonia

Duration of Last Sickness, 2 & mos.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, March 11 1886

Undertaker, John Mercer

Place of Business, 382 Orleans St *Address,* Balt. & Paca sts.

E. E. Link M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE MAR 11 1886

Permit No. 90986 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ziegler,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Candy Manufacturer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. ~~Md~~. U.S. County.

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give Street and Number.} 8 N. Baltimore St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 10 1886

Undertaker, Jas P Byrne

Place of Business. 63 ~~Fremont~~

T. Rickets M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

14

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Mch. 10. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Myers,

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 2 *Years,* 3 *Months,* *Days.*

Color, W. *Sex,* F.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City,

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 11 Hanover Ave,

Cause of Death, First (Primary,) Tabes Mesenterica,

Second (Immediate,) Asthenia

Duration of Last Sickness, Don't know Only called in toward close

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 11th 1886

Undertaker, Osborough & Co

Place of Business, 298 Penna ave *Address*

J. F. Ryle M. D.
Medical Attendant.

217 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9088 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 11 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Morawitz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Butchr

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 2 year

Place of Death, {Give Street and Number.} 336 N Durham st

Cause of Death, First (Primary), Pneumonia Croupe

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Bohemian Nacional Ce

Date of Burial, March 12 / 86

Undertaker, Frank. Cash

Place of Business, 241 N. Durham st *Address,* A Z Gage M. D. Medical Attendant. 336 N Bway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90089 *Office of Registrar of Vital Statistics.* Ward .....

HEALTH DEPARTMENT MAR 11 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Indiana Alphonson Garrett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 3 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Upholsterer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 303 E. Baltimore St.

Cause of Death, First (Primary), Pleurisy following by Chill from Exposure

Second (Immediate), Inflammation of Bowels

Duration of Last Sickness, Four (4) weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, March 12th 1886

Undertaker, Wm Jenkins & Sons

Place of Business, Park & Saratoga

A. L. Clarke M. D.
Medical Attendant.

Address, 219 Gough St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90991 *Office of Registrar of Vital Statistics.* Ward 4th

HEALTH DEPARTMENT, MAR 11 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, March 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Tobin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.}

Cause of Death, First (Primary) Rubeola. Exhaustion.

Second (Immediate), Pneumonia. Final

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Mar 11th 1886

Undertaker, Chas P Byrne

Place of Business, Fairmt Ave *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90990 *Office of Registrar of Vital Statistics.* Ward 4

CLERK'S DEPARTMENT MAR 11 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Cuneo

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give Street and Number.} 128 South Eutaw St

Cause of Death, First (Primary), Old age

Second (Immediate), ...

Duration of Last Sickness, Week Failing Several Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, March 12th 1886

Undertaker, Mar P Byrne

Place of Business, Front St

D W Cathell M. D.
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90092 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 10" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Joseph Dawson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} On Fort & Jackson Sts

Cause of Death, First (Primary), Acute Rheumatism

Second (Immediate), Pericarditis

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 14

Undertaker, B. Hartz

Place of Business, 82 West Pratt *Address,* 110 Fortau

O. A. Cooke *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90095 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen O'Neil

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Yrs~~ 53 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give Street and Number.} 124 E Lanvale St.

Cause of Death, First (Primary), Chronic Ulcer of bowels

Second (Immediate), " " "

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, March 13th 1886

Undertaker, Henry W. Mears

Place of Business, 32 W. Fayette St *Address,* 179 N. Howard St

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4076 Francis

Health Department, City of Baltimore.

Permit No. 90094 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, March 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Thomas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give Street and Number.} 202 Cathedral St

Cause of Death, First (Primary), Pneumonia,

Second (Immediate), Convulsions

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 11

Undertaker, John H. Owens & Co

Place of Business, 172 Pearl St

Edmund C. Gibbs. M. D.
Medical Attendant.

Address, 136 E. Townsend St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90095 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY REGISTRAR'S OFFICE MAR 11 1886

CERTIFICATE OF DEATH.

Date of Death, 3-10-86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Laprade

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Seven *Months,* Seven *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 90 Jasper St

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 90 Jasper St.

Cause of Death, First (Primary), Bronchitis

Second (Immediate), ...

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Lebanon Cemetery

Date of Burial, March 12 1886

Undertaker, H. Ross

Place of Business, 96 Eau Way St

Caroline E. Smith M. D.
Medical Attendant.

Address, 145 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90096 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT MAR 11 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah McLindley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 64 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, about 12 or 15 yrs

Place of Death, {Give Street and Number.} 5 Mc Culloh St

Cause of Death, First (Primary), Capillary Bronchitis + rheumatism

Second (Immediate), " "

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, March 12th 86

Undertaker, Wm Weaver

Place of Business, 502 Westfield Ave

Elias G. Price & Son M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90077

Office of Registrar of Vital Statistics. Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 11 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar. 11, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mahlon Wilson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* — *Days*

Color, W

~~*Married*~~, *Single*, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} W

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 161½ Dolphin St

Cause of Death, First (Primary), Old age

Second (Immediate), General debility

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Mar 12 1886

Undertaker, Alex Kennedy

Place of Business Merchants [illegible] *Address,* Franklin & Grave Sts

Geo. A. Fleming M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 9098 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 11 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Cooper

~~Male,~~ *Female,* {Cross out the word not required in this line.} 26

Age, 26 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Wife.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 7 months.

Place of Death, {Give street and Number.} 69 E. Pratt St.

Cause of Death, First, (Primary,) Miscarriage.

Second, (Immediate,) Peritonitis.

Duration of Last Sickness, Unknown.

All the above information should be furnished by the Physician.

Place of Burial, E Balto Cemetery

Date of Burial, March 12th

Undertaker, Evans & Spencer

Place of Business, 60 E Balto St

Alfred Whitehead Elsey, M. D., Medical Attendant

Address, 1 & S. E. Cor Pratt & —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90999

Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 11th '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Brockes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, two *Years,* *Months,* *Days.*

Color, Brown

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 134 Orchard St.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 134 Orchard St.

Cause of Death, First (Primary), Cold

Second (Immediate), Gastritis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Shark Pt.

Date of Burial, March 13 1886

Undertaker, Abel Hensley

Place of Business, 116 Orchard

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

Health Department, City of Baltimore.

Permit No. 90109 *Office of Registrar of Vital Statistics.* Ward 7 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAR 12 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 10, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Fireman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Port Deposit

Duration of Residence in the City of Baltimore, Since a boy

Place of Death, {Give Street and Number.} 342 N. Durham St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Seeond (Immediate),

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 12 1886

Undertaker, H. C. Box

Place of Business, 95 Conway St. *Address,* 323 N. Broadway

W. W. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90101 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 12 1926 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 12th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Glantz

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give Street and Number.} 3 Hammerbackers Ct. -

Cause of Death, First (Primary), Premature Birth

Second (Immediate), ~~Dy~~ Imperfect development

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Retained for Anatomical

Date of Burial, — purposes —

Undertaker, by Dr. Geo. A. Strauss — Geo A Strauss M. D.
Medical Attendant.

Place of Business, 226 Montgomery *Address,* 226 Montgomery St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 90102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Hall Delacour

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Thirty five *Years,* Five *Months,* Eleven *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 315 Saratoga Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 13th 1886

H S Bruin *M. D.*
Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address* 225 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9013

Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Name

~~Date of Death~~, Date Death

~~Full Name of Deceased~~, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. F. Hennig

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} March 10th /86

Age, 17 Years, 6 Months, Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 246 Mulberry St.

Cause of Death, First (Primary), Acute Rheumatism

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, March 12 1886

Undertaker, L. Lewis Schaefer & Co. Medical Attendant. Louis C. Kan M. D.

Place of Business, 109 N Fremont Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible] of this Certificate

Board of Health, City of Baltimore,

Permit No. 9010 F. *Office of Registrar of Vital Statistics.* Ward 3 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAR 12 1886 BALTIMORE MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10 – 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florene Ruanon (Buchanan)

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* Unknown *Days,*

Color, Coulerd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Thos, Runn Balt Co

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} No 3 Herring Court

Cause of Death, First (Primary),

Second (Immediate) Colapse of lungs

Duration of Last Sickness, 4 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 12/886

H C Hill M. D.
Medical Attendant.

Undertaker Or. John Waters

Place of Business, 3 Herring Ct *Address,* 191 Washington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9105 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael A. Dulany

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Easton Talbot Co. Md

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give Street and Number.} 520. W Fayette St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 12/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 323 W Lombard

F. J. Connolly *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20106 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 12 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, March 11th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J Bisco

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give Street and Number.} 197 Jefferson St

Cause of Death, First (Primary), Acute Bright's Disease, &c.

Second (Immediate),

Duration of Last Sickness, Two or three months

All the above information should be furnished by the Physician.

Place of Burial, Battle Cemetery

Date of Burial, March 13th 1886

Undertaker, Denny & Mitchell

Place of Business, 68 S Broadway

D. M. Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9907 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 '86 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 11 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bierer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, Colour

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labourer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give Street and Number.} 84 Sarah above st

Cause of Death, First (Primary), Suddenly with

Second (Immediate), a congestive chill

Duration of Last Sickness, about an hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 14th 1886

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

10 — Fulton Ave

M. D.

~~Medical Attendant.~~

Address, 324 Hoffman st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9108 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 11. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnie H. Lourdan Fuller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 months *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 708 S Saratoga St

Cause of Death, First (Primary), Dentition

Second (Immediate), Pneumonia

Duration of Last Sickness, Seen for first time March 10 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, March 13. 1886

Undertaker, William N Dunigan

Place of Business, 69 East st

J. H. DeWolf M. D.
Medical Attendant.

Address, 408 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9109

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 10 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* ——— *Months,* ——— *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Odd work

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hartford Co. Md.

Duration of Residence in the City of Baltimore, Many years

Place of Death, {Give Street and Number.} Page's Alley No. 5

Cause of Death, First (Primary), Chronic Interstitial Nephritis

Second (Immediate), Oedema of Lungs

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Thorpe's Cemetery

Date of Burial, March 13 1886

Undertaker, William Krug

Place of Business, 62 Pratt

H. M. Latham M. D.
Medical Attendant.

Address, 186 Maryland Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90119 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 11, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Bonny

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 74 *Years,* 6 *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 858 E. Fayette St.

Cause of Death, First (Primary), Cerebral Softening

Second (Immediate), Exhaustion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 14/86

Undertaker, Wm S. Fry

Place of Business, 81 N Broadway

W. W. White, M. D.
Medical Attendant.

Address, 1631 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9111 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 11th /86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Seiffal

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Fifty Five (55) *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany — In America Fifty Five Yrs (25)

Duration of Residence in the City of Baltimore, ~~Fifty~~ Five Years (all yrs)

Place of Death, {Give Street and Number.} St. Joseph's Hospital

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, Nine months (9 mos)

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Mch. 13th 86

Undertaker, G. France

Place of Business, Pan 1st & Wolfe *Address,* 18 N Eden St

Oscar Foster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20112 *Office of Registrar of Vital Statistics* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Walsh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, {Give Street and Number.} 389 Fitzpatrick St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Mar 12 /86 Geo B Reynolds *M. D.*

Medical Attendant.

Undertaker, N. C. Widefield

Place of Business, 90 Gregory St *Address,* 171 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10113 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Friday March 12th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Schleigh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Co. Md.

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 16 St. Front St.

Cause of Death, First (Primary), Apoplexy with Paralysis

Second (Immediate), Coma. Exhaustion.

Duration of Last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, March 14th

Undertaker, Evans & Spence

Place of Business, 60 E. Balto St.

Wilmer Bristow M. D.
Medical Attendant.

Address, Chas St. & Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90114 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 10th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Baumschmidt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* 2 *Months,* 11 *Days*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} Ridgely Extended

Cause of Death, First (Primary), Uraemia

Second (Immediate), Coma

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 11th

Undertaker, J. Hoble

Place of Business, 42 West St

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9015 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 12. 1886

Full Name of Deceased, {Write legibly and speli correctly. If an Infant not named, give names of parents.} Elsie Jungholt

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 153 Pierce street

Cause of Death, First (Primary), Catarrhal Pneumonitis

Second (Immediate),

Duration of Last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 13

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

H. E. Thalwitzer M. D.
Medical Attendant.

Address, 256 Mulberry street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90116 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 12 1886
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 12 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie W Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 3 *Months,* 2 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} V

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 101 Argyle av. Balto

Cause of Death, First (Primary), ——

Second (Immediate), Teething

Duration of Last Sickness, About 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 13.

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

Jas. S. Fulks M. D.
Medical Attendant.

Address, 134 Pearl st Balto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90117

Office of Registrar of Vital Statistics.

Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen S. Gaule

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* ——— *Months,* ——— *Days*

Color, Wh

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 yrs.

Place of Death, {Give Street and Number.} 99 W. Preston Str.

Cause of Death, First (Primary), Stricture of Oesophagus (due to Cancer) (?)

Second (Immediate), Exhaustion

Duration of Last Sickness, Some months

All the above Information should be furnished by the Physician.

Place of Burial, St. Peters' Cemetery

Date of Burial, March 15th /86

Undertaker, E. M. Daye. Jr.
M. A. Daye Attorney

Place of Business, 74 S. Broadway

W. J. Lockwood M. D.
Medical Attendant.

Address, Park Ave & Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90118 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 12 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B. Ringold

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Phila — Pa

Duration of Residence in the City of Baltimore, Abt — 5 mos —

Place of Death, {Give Street and Number.} 262 Hanover St near A. St.

Cause of Death, First (Primary), —

Second (Immediate), Marasmus

Duration of Last Sickness, 5 d.

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, March 12th 1886

Undertaker, F. A. Kerchner

Place of Business, Health Office *Address,*

Dist. Phys. M. D.

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20119 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 12 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Gorig

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eighty two *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Roxbury Mass

Duration of Residence in the City of Baltimore, about 38 years

Place of Death, {Give Street and Number.} 65 Mosher St

Cause of Death, First (Primary), Acute Cerebral Softening

Second (Immediate), Coma

Duration of Last Sickness, about two days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem,

Date of Burial, March 14th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave ~~& Mount Royal & Boundary aves~~

A C Pole M. D.
Medical Attendant.

Address, 599 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90120 *Office of Registrar of Vital Statistics.* Ward 10

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mar 12. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} G. Wilson Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 167 Pierce St

Cause of Death, First (Primary), Cardiitis

Second (Immediate), Spasm one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 13th 1886

Undertaker, Jas W. Chase

Place of Business, 198 S. Howard St

Geo A Fleming M. D.
Medical Attendant

Address, Franklin & Greene

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9012 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, March 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Delahay

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 2 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 214 E Poston st

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 14 1886

Undertaker, Wm S Fry

Place of Business, 810 Broadway

Wm B Billingslea M. D.
Medical Attendant.

Address, 228 E. Poston st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9042 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 12. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Stewart

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 20 N. Caroline St.

Cause of Death, First (Primary), Old Age

Second (Immediate), Senile Catarrh.

Duration of Last Sickness, 1 mo.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 14 86

Undertaker, Chas S. Fry

Place of Business, 51 W Broadway

J. W Hack M. D.
Medical Attendant.

Address, 75 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20123 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addie May Scott

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days*

Color, Col—

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 82 Mulliken Alley

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 13th 1886

Undertaker, J. J. Locke

Place of Business, 473 Jefferson St *Address,* 137 Orleans St

J. J. Scott *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE, MD.

Permit No. 90124 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, March 12th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 86 *Years,* — *Months,* — *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give Street and Number.} 209 Lee st

Cause of Death, First (Primary), Old Age

Second (Immediate), Bronchitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 14th 1886

C. L. Buddenbohn M. D.

Medical Attendant.

Undertaker, Ernst Saplomon

Place of Business, 181 Shaw St *Address,* 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90125 *Office of Registrar of Vital Statistics.* Ward 32

HEALTH DEPARTMENT MAR 12 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Emilia Kutsch

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, One Years, 9 Months, 11 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md. since birth

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 14 41 N Dallas st

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Collapse

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, 14th of March

Undertaker, Henry Hofmann

Place of Business, 45 N. Eden st.

L. A. Whitworth M. D.
Medical Attendant.

Address, 128 Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90126 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas L. Chapman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* 7 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Fireman Bells & Co. Enamel Works

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give Street and Number.} Bells & Co. Enamel Works Locust Pt.

Cause of Death, First (Primary) Injuries received by being accidentally Crushed in Discharging Second (Immediate), at Enamel Works

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, March 14 1886

Undertaker, Martin Fahey

Place of Business, 128 Forrest

L. A. Bell M. D.
Medical Attendant.

Address, 161 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20127 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mch. 11. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Miller

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* 8 *Months,* *Days*

Color, White

Married, ~~*Single,*~~ *Widow or Widower,* {~~Cross out the~~ words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, {Give Street and Number.} 57 Woodyear St.

Cause of Death, First (Primary), Cancer of the Uterus.

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Washington D C

Date of Burial, March 14 1886

Undertaker, Martin Fahey

Place of Business, 128 Lancaster Address,

J. Rickert M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

407 Hanover

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90128 *Office of Registrar of Vital Statistics* Ward 9th

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Owings

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* 6 *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give Street and Number.} 38 Conway St.

Cause of Death, First (Primary), Acute Bright's disease - adema of the lungs - General dropsy due to pregnancy

Second (Immediate), Blood poisoning and infiltration of the lungs.

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, March 13th

Undertaker, F. N. Zell

Place of Business, 137 Hanover St. *Address,* 5 Franklin St.

John Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90129 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Schwartze

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life "

Place of Death, {Give Street and Number.} 19 N. Eutaw St.

Cause of Death, First (Primary), Bronchio Pneumonia.

Second (Immediate), ...

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 14/86

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette

Truman F. Hill M. D.
Medical Attendant.

Address, 17 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 90130 *Office of Registrar of Vital Statistics* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT, MAR 13 1886 BALTIMORE, MD.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jordan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* 7 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carlisle Pa.

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number.} 632 Lexington St.

Cause of death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 14th 1886

Undertaker, J. Emmy & Mutart

Place of Business, 330 W. Fayette St.

Jno. S. Jordan M. D., Medical Attendant.

Address, 632 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 20131 *Office of Registrar of Vital Statistics.* Ward 16th

HEALTH DEPARTMENT, MAR 13 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, March 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor Milburn

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months.* 14 *Days*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Rear 16 Broadford's alley

Cause of Death, First (Primary), Congenital Malformation

Second (Immediate),

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Mar 13th 1886

Undertaker, Wm. T. Burgee

Place of Business, 62 East. st.

Wm. L. Reese M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91132 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 11th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Yahn

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 350 Orleans

Cause of Death, First (Primary), Bronchitis capillaris

Second (Immediate), Oedema pulmonum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, March 13 1886.

Undertaker, John Herwig

Place of Business, 382 Orleans St *Address,* 382 E. Baltimore

J Latrobe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90133 *Office of Registrar of Vital Statistics.* Ward 15 2/9

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Hawe.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, all of life.

Place of Death, {Give Street and Number.} 5 y alley

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemitery

Date of Burial, March 14 1886

Undertaker, Hercules Rax

Place of Business, 95 East Pratt St

C. S. Booze M. D.
Medical Attendant.

Address, 17 Shark St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9013 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 12 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Bishop

Sex, Male or Female, {Cross out the word not required in this line.}

Age, / *Years,* / *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give Street and Number.} 291 Hanburg St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 14 1886

Undertaker, H. C. Ross

Place of Business, 95 Eon Way St

C. L. Bodine M. D.
Medical Attendant.

Address, 177 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90135 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 12th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin L Dane

Sex, Male or Femate, {Cross out the word not required in this line.}

Age, 60 *Years,* ( ) *Months.* ( ) *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Hardware Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 112 Harlem Ave

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, About 1 year and 1

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 14th 1886

Undertaker, Henry H. Mears

Place of Business, #22 W. Fayette St

J. F. Dawson M. D.
Medical Attendant.

Address, 2 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90136 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE MD

CERTIFICATE OF DEATH

Date of Death, March 12th 9.30 P.M. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Clarke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, XXX

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 21 Bank St

Cause of Death, First (Primary), Scarlet Fever.

Second (Immediate), "

Duration of Last Sickness, Since March 3rd 1886

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, March 14th 86

Undertaker, or George Clarke

Father

Place of Business, 21 Bank St

James E. Emmett M. D.
Medical Attendant.

Address, 221 E. Balt. St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Memoranda Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 9137 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, March 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alberta Sprigg

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, C

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and Number.} 161 Hoffman Street

Cause of Death, First (Primary), Abnormal labor by reason of an unnatural Second (Immediate), Exhaustion

Duration of Last Sickness, Twenty four hours

the above information should be furnished by the Physician.

Place of Burial, Shark St Cem

Date of Burial, Mch 17th 1886

Wm. M. Barnes M. D.
Medical Attendant.

Undertaker Alex Housley

Place of Business, 116 Orchard St *Address,* 284 North Stricker St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90138 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Furman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 6 *Months,* 6 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ?

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 307 E. Lombard St.

Cause of Death, First (Primary), Peritonitis, following Confinement

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem

Date of Burial, March 14 1886

Undertaker, G. Trance

Place of Business, Bank & Mott *Address,* 37 E. Balto St

E. P. Sons *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20139 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Sleyster

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Coal dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give Street and Number.} 94 S Johnson St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Paralysis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 14th 1886

Undertaker, Armstrong & Lemmon

Place of Business, 263 Light

Thomas Cate M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20149 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roderick Chisholm

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Engineer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Nova Scotia.

Duration of Residence in the City of Baltimore, Transient

Place of Death, {Give Street and Number.} 98 So. Howard St

Cause of Death, First (Primary), Determination of Brain

Second (Immediate), Congestion of Lungs.

Duration of Last Sickness, 2 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 14th March 1886

Undertaker, M. Cleary & Son

Place of Business, 92 S. Amm

Wm. T. Bell M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9014 *Office of Registrar of Vital Statistics* Ward 9 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 11th March 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Mc Dermott

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give Street and Number.} 5 Camden lane

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 14th 86

Undertaker, C.F. Krauss & Son

Place of Business, 209 Hanover

J. H. Wetzlar M. D.
Medical Attendant.

Address, 101 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9042 *Office of Registrar of Vital Statistics.* Ward 10th

REGISTRAR'S OFFICE MAR 13 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Children of Mag. & Bettie Jones Col.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Two children one Girl & one Boy

Age, Not Given Years, Reported for about Months, 4 mo. Days

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 443 Saratoga St.

Cause of Death, First (Primary), Premature Labor.

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pres. Cemetery

Date of Burial, March 14th 1886

Undertaker, L. A. Kerchner

Place of Business, Health Office Address, Penn. Hospital.

R. B. Wanpler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 90143

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90143 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 13 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Reedy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 73 *Years,* ~~ *Months,* ~~ *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give Street and Number.} 136 Lemmon

Cause of Death, First (Primary),

Second (Immediate), old age

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Mar 15 1886

Undertaker, Jas P Byrne

Place of Business, Frankfort

John H Yeman M. D.
Medical Attendant.

Address, 238 Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90164 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours after~~ the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 13, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Mary Murray

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 226 Hollins St.

Cause of Death, First (Primary), Softening of the brain.

Second (Immediate), Paralysis & weakness

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea

Date of Burial, Mar 16th

Undertaker, John J Lowman

Place of Business, 89 Hollins st

R. G. Smith M. D.
Medical Attendant.

Address, 384 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9045 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Webb.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months.* ..... *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city.

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give Street and Number.} 75 Arch st.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 14th 1886

Undertaker, Jas Gray

Place of Business, 65 Walbery St

C. Howard Hoffman M. D.
Medical Attendant.

Address, 279 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9014 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthias Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 48 *Years,* —— *Months,* —— *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Queen Anne Co. Md

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give Street and Number.} 38 Little Sharp St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, March 15 1886

Undertaker, Chas Ahrenberg

Place of Business, 116 Orchard *Address,* Balto Md.

Master Warfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9047 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Dee

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 5 *Years,* 11 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 1405 Shaft 82

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Acute Meningitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 13

Undertaker, Joseph B Crook

Place of Business, 707 W Baltimore *Address,* 151 Hanover St

A C Burch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 90148 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, March 13th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret J. Walker & Parents

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ..... *Months.* 2 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } V

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 302 Lancaster

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and Number. } 302 Lancaster St

Cause of Death, First (Primary), Unknown

Second (Immediate), "

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, March 13/86

Undertaker J. J. Lacks

Place of Business, 73 Jefferson St *Address* 108 Canton

J. H. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90149 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilson C. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 63 *Years,* ..... *Months,* ..... *Days*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} No 116 Hill St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, " 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 15th 1886

Undertaker, Morgan & Pyle

Place of Business, No 9 Mulberry St *Address,* 151 Hanover St

J. C. Burch *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and coudition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90150 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Tracey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 85 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give Street and Number.} No 10 S Central ave

Cause of Death, First (Primary),

Second (Immediate), Old age

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 15th 1886

Undertaker, J. McGinniss

Place of Business, N. Central ave

James A Steuart M. D.
~~Medical Attendant.~~

Address, Dunges & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth ~~as far as~~ the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90151 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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CERTIFICATE OF DEATH.

Date of Death, March 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schetlaugh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} House of The Good Shepherd

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 2 Years —

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, 15th March

Undertaker, J. B. Cook

Place of Business, 707 W. Balto

Edwd F. Nicholas M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90152 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th. March. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Frank

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Erfurt, Prussia

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give Street and Number.} S. Chapel Street 68.

Cause of Death, First (Primary), Dysentiria chronica

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, March 14th 86

Undertaker, G. Franc

Place of Business, Paul & Wolfe Sts. *Address,* S. Wolfe St. 117.

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90153 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Coyd

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 301 N. Eden St

Cause of Death, First (Primary), Chronic Nephritis (Bright's Disease

Second (Immediate), Congestion of Lungs 3 weeks

Duration of Last Sickness, Not known, but was confined to bed for

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 15th 1886

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 305 N Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90152 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Ranin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 8 *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give Street and Number.} 82 Russell St

Cause of Death, First (Primary), Dentition

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cem.

Date of Burial, March 15th 1886

Undertaker, Pulins & Roeder

Place of Business, Sharp & Cross Sts. *Address,* 15 S. Paca

Geo D Black M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 90153 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 15 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th March 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A Wilson

~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days.*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} #24 S. Calhoun St

Cause of death, First, (Primary,) Carbuncle

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Mch 15th 1886

Undertaker, Amerman Bros

Place of Business, 963 Light

Geo H Yates M. D.,
Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9056 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl M. Franz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} Infant

Occupation, Infant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 52 Harrison St

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 52 Harrison St

Cause of Death, First (Primary), Indigestion

Second (Immediate), Convulsions

Duration of Last Sickness, 11 Three Days

All the above information should be furnished by the Physician.

Place of Burial, St Mathias Cemetery

Date of Burial, March 15 1886

Undertaker, Chas Roessing

Place of Business, 196 E Balt. St.

A Hoffheimer M. D.
Medical Attendant.

Address, 88 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9015 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caleb Warfield

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* 8 *Months,* — *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} —

Occupation, Retired Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} A. A. Co. Md

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 165 South Paca St

Cause of Death, First (Primary), —

Second (Immediate), Acute Pulmonary Congestion

Duration of Last Sickness, ½ Half Hour

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 16th 1886

Undertaker, John L. Meechan

Place of Business, 150 Camden St

J. M. D. Blake M. D.
Medical Attendant.

Address, 158 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90158 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mch 13th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Mallalieu

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* ——— *Months,* ——— *~~Days~~*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Coal Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give Street and Number.} 181 Argyle Ave

Cause of Death, First (Primary), Chronic Albuminuria

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 15th 1886

Undertaker, John S. Meeker

Place of Business, No 150 Camden St

J H Emmey M. D.
Medical Attendant.

Address, 76 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 90157 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Clatworthy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days,*

Color, W.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 60 Years

Place of Death, {Give street and Number.} 76 N. Howard St

Cause of Death, First (Primary), "

Second (Immediate), Exhaustion from old Age

Duration of Last Sickness, " several Months

All the above information should be furnished by the Physician.

Place of Burial Green Mount Cemetery

Date of Burial, March 15th, 1886

Undertaker Stewart & Mowan

Place of Business, 35 Park ave

F. J. Miles M. D.
Medical Attendant.

Address, 28 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 90160 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

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CERTIFICATE OF DEATH.

Date of Death, March 14 - 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elise Flynne

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 35 *Years,* *Months,* *Days,*

Color, white

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Teacher

Birthplace, { State or country, and how long in the United States, if of foreign birth. } New york

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, { Give street and Number. } Union Protestant Infirmary

Cause of Death, First, (Primary,) Osteo-Sarcoma

Second, (Immediate,)

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Ground

Date of Burial, March 15th 1886

Undertaker, Stewart & Moran

Place of Business, 35 Park ave.

L. Fawcett M. D.,
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90161 *Office of Registrar of Vital Statistics.* Ward 12 C.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Prin Sewell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 82 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 517. Madison Avenue

Cause of Death,
First (Primary), Gastric Hepatic and Cardiac disease, Chronic,
Second (Immediate), Congestion of the Heart

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 16th 86

Undertaker, Edward Emerick

Place of Business, 35 Eutaw

Jos. L Lyddane M. D.
Medical Attendant.

Address, 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90162 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 16th 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Richard Sturgeon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 130 S. Eden

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 18th 1896

Undertaker, Fred Gaube

Place of Business, 218 S. Caroline *Address,* 1911 E. Fayette

Geo. I. Reynolds, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 91163 *Office of Registrar of Vital Statistics,* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 14, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* 4 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 25-30 years

Place of Death, {Give Street and Number.} 399 Park Ave

Cause of Death, First (Primary), Heart Hypertrophy

Second (Immediate), General Dropsy

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Forest Hill

Date of Burial, March 16th 1886

Undertaker, Howard J. Howard

Place of Business, 35 Park ave

H. F. Askew M. D.
Medical Attendant.

Address, 55 N Green

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9016 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 16 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Mch. 15. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Schreier,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 7 mth.

Place of Death, {Give Street and Number.} 161 Columbia Ave

Cause of Death, First (Primary), Enteric Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 16th 1886

Undertaker, Th. J. Dill & son

Place of Business, 183 Columbia Av *Address,* 515 Pennsylvania Av

J. Rickert, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

7 61

Permit No. 90165

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 17 BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth M. Richardson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* " *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow ~~or Widower~~,* {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} Cor. Lanvale and Caroline Sts "

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) "

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 15th

{*Undertaker,* George Schilling

Place of Business, Ashland Square

A. G. Watson M. D.
Medical Attendant.

Address 599 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90166 *Office of Registrar of Vital Statistics.* Ward 52

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 15 1886
BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, March 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha I. McCarran

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 47 *Years,* 5 *Months,* 13 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 147 E. Monument St,

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Dyspnea

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 16th

Undertaker, George Schillings

Place of Business, Ashland Square

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90167 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin S. Long

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 Years, — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 418 E. Monument

Cause of Death, First (Primary),

Second (Immediate), Peritonitis

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 16th

Undertaker, George S. Schilling

Place of Business, 848 Eutaw

J. J. Gio Jr. M. D.
Medical Attendant.

Address, 137 Odeon

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 15 1886 BALTIMORE MD.

Permit No. 9,0168 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Rockel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 320 S Dallas

Cause of Death, First (Primary), Pneumonitis

Second (Immediate), Convulsions

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, March 15th 1886

Undertaker, Wm Nicolaus

Place of Business, 258 Mill Ann.

John H. Rehberger M. D.
Medical Attendant.

Address, 1143 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90169 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Mar. 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. T. D. Tankersley Tankersley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* *Days*

Color, Mr

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Deals Island Md.

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, {Give Street and Number.} 18 N. Patterson Park ave

Cause of Death, First (Primary), Croup

Second (Immediate), Opium

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Deals Island

Date of Burial, March 16 1886. C. B. Britton M. D.

Medical Attendant.

Undertaker, John Hennessy

Place of Business, 382 Columbus & *Address,* 31 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4080 Fremont

Board of Health, City of Baltimore,

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 90179

HEALTH DEPARTMENT BALTIMORE MAR 15 1886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Green

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number. } N. W. Cor. Baltimore St. & Central Ave.

Cause of Death, { First (Primary,) Premature birth

Second (Immediate,) "

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 15th 1886

A. J. Watson M. D.
Medical Attendant.

Undertaker, Henry H. Mears

Place of Business, ~~422~~ W. Fayette St *Address* 322 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9417 *Office of Registrar of Vital Statistics* Ward 9

HEALTH DEPARTMENT MAR 15 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hurst

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} "

Age, 53 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give Street and Number.} N. 49 or. Gay St.

Cause of Death, First (Primary), Cirrhosis of liver

Second (Immediate), ...

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 16th 1886

Undertaker, Henry F. Mears

Place of Business #22 W. Fayette St *Address,* 5 Franklin St.

John Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20172 *Office of Registrar of Vital Statistics.* MAR 15 1886 Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, March 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Rehmeyer

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 3 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 268 S. Paca

Cause of Death, First (Primary), Membranous Croup

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Shrewsbery Pa.

Date of Burial, Mch 16/86

Undertaker, J. B. Cobb

Place of Business, 707 W Balto *Address,* 283 N. Smith

Edw L. Mitchell M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4084 Francis

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 90173 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 15 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles S. Guild

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Provision Broker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Norfolk Va.

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and Number.} 96 Harlem Ave.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Apnea

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Mar 17th

James Bacon M. D.
Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 560 W. Fayette St *Address* Arlington & Lafayette aves

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90174 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angus Leonhardt

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give Street and Number.} N.W. Cor. Aliceanna & Durham Sts

Cause of Death, First (Primary), Carcinoma ventriculi.

Second (Immediate), Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Mathews cem

Date of Burial, May 15th 1886

Undertaker, H. Sander & Son

Place of Business, 252 Caroline st *Address,* 252 E. Baltimore st

J. Hubbs M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90175 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, 13th March 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustine Blake

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, one *Years,* 6 *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 27. Cider alley

Cause of Death, First (Primary), Phrenitic = Delirium

Second (Immediate), Convulsions and Coma

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 15- 1886

Undertaker, S W Chase

Place of Business, 198 Howard St

L. D. Dyer M. D.
Medical Attendant.

Address, 146. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 20176 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 15th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Klecka

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* Nine *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 355 E. Eager Street

Cause of Death, First (Primary),

Second (Immediate), Pleurisy

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bohemian National Cem.

Date of Burial, March 16/86.

Undertaker, Frank. Krach

Place of Business, 249 N. Durham St. *Address,* No 102 N Bundoon

Wm. H. Gardiner, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20177 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cunigunda Bennett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 333 William st

Cause of Death, First (Primary), Congestion Brain

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 16

Undertaker, B. Hasle

Place of Business, 52 West H

O. C. T. Cooke M. D.
Medical Attendant.

Address, 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20178 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or before if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 13th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hamilton Ryne

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Weigher in Custom House

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penn.

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give Street and Number.} 20 Green's Court

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Pitts C

Date of Burial, March 15

Undertaker, S Wade

Place of Business, 82 Westfall

Robert S. Lowe M. D.
Medical Attendant.

Address, 333 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 15 1886 BALTIMORE

Permit No. 20179 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 15th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Gains

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Twenty-three *Years,* *Months,* ~~*Days*~~

Color, Brown

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give Street and Number.} 303 Hoffman St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Lansdowne Md.

Date of Burial, March 16/86

Undertaker, Chas. T. Scriven

Place of Business, 2 1/2 E. Eutaw

F. B. Gardner M. D.
Medical Attendant.

Address, 1202 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90180 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 15th 9. A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalen Gunsinner

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 62 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give Street and Number.} 215 Eastern av.

Cause of Death, First (Primary), Neuralgia of Stomach

Second (Immediate),

Duration of Last Sickness, 42 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Mar. 17th 96

Undertaker, John C. Schultz

Place of Business, 265 Alice and 1141 325 E. Baltimore

C. G. Daues, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90181 *Office of Registrar of Vital Statistics.* Ward 9

HEALTH DEPARTMENT, MAR 15 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hawkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 27 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Porter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Mary's C. Md

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give Street and Number.} 3 Liberty St Court.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemty

Date of Burial, March 16 1886

Undertaker, Morgan & Pyle

Place of Business, 9 Mulberry St

Master Warfield M. D.
Medical Attendant

Address, Balto Md. Disp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 90182

Office of Registrar of Vital Statistics.

3d

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester A Bishields

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 48 *Years,* ——— *Months,* ——— *Days.*

Color. ——— Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ——— ——— ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 S Dallas St

Cause of Death, First, (Primary.) ——— Paralysis

Second, (Immediate.)

Duration of Last Sickness, Five Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March 16th

Undertaker, John E Grace

Place of Business, S. Caroline st. 142

J. E. Brooks M.D.,

Medical Attendant.

Address, 241 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90183 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 15 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 14/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Wickwith

Sex, Male or Female, {Cross out the word not required in this line.} Female (Negro)

Age, One *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 714 Columbia Ave.

Cause of Death, First (Primary), Measles

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 16 March

Undertaker, J. J. Mackey

Place of Business, 130 Lanvale, *Address,* 155 S. Paca St

Jno D. Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90184 *Office of Registrar of Vital Statistics.* Ward 7th

HEALTH DEPARTMENT MAR 15 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 12 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Grace

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 57 *Years,* 5 *Months,* 4 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harford County Md

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, {Give street and Number.} 312 N Broadway

Cause of Death, First, (Primary,) Asthma

Second, (Immediate,) Chronic Bronchitis

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 16. 1886. James E. Whiteford M. D.,

Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* 19 S Wiquith Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 90186 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 15th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 *Days,*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 182 Druid Hill Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Infantile Convulsions.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Old Cathedral

Date of Burial March 15. 1886 E. A. Mans M. D.,

Medical Attendant.

Undertaker, Wm H. Hickman

Place of Business, 234 E. Gay St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90186 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 14th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Whalen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 146 Hanover St

Cause of Death, First (Primary), Spasms

Second (Immediate),

Duration of Last Sickness, Four (5) Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 15th 86

Undertaker, Matthew Cadogan

Place of Business, 227 Hanover St

A L Shaw M. D.
Medical Attendant.

Address, 80 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20187 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Packie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia,

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give Street and Number.} 8 Pitcher St.

Cause of Death, First (Primary), Phthisis Pul. comp with Valvular diseases of the Heart.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Several years?

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, March 17th 1886

Undertaker, John J. Andrews

Place of Business, No 416 Druid Hill Ave. *Address,* 515 Penna Ave

J. Rickert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 90188 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 14 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David J Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 11 *Months,* 9 *Days,* 1

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Hostler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 82 Harmony Court

Cause of Death, First (Primary), Consumption of Bowels

Second (Immediate),

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 16th 1886

Undertaker Wm. James Gray

Place of Business, 65 Mulberry St

B. F. Herman M. D.
Medical Attendant.

Address, 484 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90189 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH MAR 15 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 15th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H Young

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 6 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } " Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } " 10 Walnut Alley

Cause of Death, First, (Primary,) Burns (3/4th Surface of Body)

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, March 16 1886

Undertaker, H. Ross

Place of Business, 95 Central Ave

J A Gillis M. D.
Medical Attendant.

Address, 180 N Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20190 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 15. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Pomeroy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Jennie Anne Co Md

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give Street and Number.} 361. N. Fulton ave

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Christian Md

Date of Burial, March 16 86

Undertaker, F L Shofer

Place of Business, 109 N Forrest

Newton Carter M. D.
Medical Attendant.

Address, 461 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[over.]

...special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90191 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 16 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 14th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Ryan —

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 10 *Months,* 14 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt'r City —

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 50 Fort Avenue

Cause of Death, First (Primary), Dyspepsia Mechanical Jaun —

Second (Immediate), " " "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 16th/86

Undertaker, ~~Wm H~~ Daniel Hahn

Place of Business, 109 West St

Ed J Bell M. D.

~~Medical Attendant~~ Coroner

Address, 107 So Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9019 2 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th A 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ophelia Lomax

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 3 h. Dalla St

Cause of Death, First (Primary), Constipation

Second (Immediate), " Convulsion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Lemmel Cemetery

Date of Burial, March 16th/86

Undertaker, Theo J Locks

Place of Business, 473 Jefferson St

Wm N Hill M. D.
Medical Attendant.

Address, 196 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90193 *Office of Registrar of Vital Statistics.* Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 1886 BALTIMORE MD.

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CERTIFICATE OF DEATH.

Date of Death, March 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Lee Davis

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Matthews Co. Va

Duration of Residence in the City of Baltimore, 1 year & 4 Mo.

Place of Death, {Give Street and Number.} 9 Jones Court,

Cause of Death, First (Primary), Pneumonia

Second (Immediate), —

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 16th 1886

Undertaker, Chas. J. Butler

Place of Business, 132 N. Caroline St. *Address,*

Wm H. Norris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9019 Office of Registrar of Vital Statistics. Ward 6 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Travers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 7 Bohemian Court

Cause of Death, First (Primary), Desquamative Nephritis

Second (Immediate),

Duration of Last Sickness, Four weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 16th 1886

Undertaker, Chas. J. Butler

Place of Business, 1821 N Caroline St

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90195 *Office of Registrar of Vital Statistics.* Ward 6

HEALTH DEPARTMENT MAR 16 1886 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Degele

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... 16 *Months,* ..... *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 40 Orleans St

Cause of Death, First (Primary), Pneumonia - Teething

Second (Immediate), " Convulsions

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 16 86

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. *Address,* 139 Orleans

J. D. Lamb *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90196 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MARRIAGE BUREAU BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13 March 186.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis M. Steagle

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, ... *Years,* ..... *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 440 E Fayette St.

Cause of Death, First (Primary), Inanition

Second (Immediate), Exaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 16 86

Undertaker, Wm S Fry

Place of Business, 51 W Broadway

Thomas J. Simms M. D.

Medical Attendant.

Address, 242 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90197 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, Mch 14" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Swift

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, x 66 *Years,* *Months.* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} x Kent Co

Duration of Residence in the City of Baltimore, x 35 years

Place of Death, {Give Street and Number.} 286 Light

Cause of Death, First (Primary), Phthisis

Second (Immediate), Pneumonia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Mch 17th 16 1886

Undertaker, Armstrong & Denny

Place of Business, 263 Light

H. L. Phillips M. D.
Medical Attendant.

Address, 311 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 90198 *Office of Registrar of Vital Statistics* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Caulk

~~*Sex,*~~ *Male* ~~*or Female.*~~ {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and Number.} S. W. Corner of Sutton and Franklin Sts

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate), Heart failure

Duration of Last Sickness, A few hours

All the above information should be furnished by the Physician.

Place of Burial, Int Ebut

Date of Burial, Mch 16th 1886

Undertaker Armstrong & Lemmy

Place of Business, 263 Light Address, 1038 N. Liberty St

W. Starr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90199

Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 16 1886
BALTIMORE MD.

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CERTIFICATE OF DEATH.

Date of Death, March 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Murphy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Forty Three *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Bartender

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Six Years (6 yrs)

Place of Death, {Give Street and Number.} St. Joseph's Hospital

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, Three Years (3 yrs)

All the above information should be furnished by the Physician.

Place of Burial, Worcester Mass

Date of Burial, Mar 16/86

Undertaker, H. C. Winfield

Place of Business, 90 Fremont Ave

Owen J. Eden, M. D.
Medical Attendant.

Address, 184 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4085 Frames

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90209 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, March 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Lee

Sex, ~~*Male or Female*~~ {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Barber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Phila Pa

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give Street and Number.} 306 Raborg St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Phila Pa

Date of Burial, March 15th 86

Undertaker, W H Dunges

Place of Business, East St *Address,* Cumb Md Pk

Thos A Shaw M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4081 H Roberts Sani Insp

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90201 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1886 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, March 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Cornish

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} F

Age, 4 *Years,* 6 *Months,* *Days*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 98 Goodman alley

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Convulsions

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 16th 1886

Undertaker, H. Ross

Place of Business, Conway St *Address,* Cor Mt & R

Thos A Shunk M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Louis Mathias Sanitary Inspector

[over.]

Board of Health, City of Baltimore.

Permit No. 90204 Office of Registrar of Vital Statistics, Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, " March 15th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. Brown D.D.

~~Sex~~, *Male* ~~or Female~~ {Cross out the word not required in this line.}

Age, 79 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Minister of the Gospel

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and Number.} No 38 Broadway

Cause of Death, First (Primary), Valvular disease of the Heart

Second (Immediate), Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 18th 1886

Undertaker Dunn & Mitchell

Place of Business, 65 S Broadway *Residence,* No 58 N Libery St

C H Stans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90203 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1890 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 15, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Eg[illegible] Jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, ~~Months~~, 12 Hours ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 12 Caledonia Road

Cause of Death, First (Primary), Malformation of Heart

Second (Immediate),

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 16th 86

Undertaker, John P. Bailey

Place of Business, 766 Fund Ave. *Address,* 349 Hollins St

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9020 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 16 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 16th March. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Martin Clarke -

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Eighty Eight (88) *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widower~~ Widower, {Cross out the words not required in this line.}

Occupation, Fruit Dealer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, about Forty Seven Years -

Place of Death, {Give Street and Number.} No 66. N. Gentaw St. Baltimore.

Cause of Death, First (Primary), Marasmus (Senile)

Second (Immediate), Advanced age -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonaa, Md

Date of Burial, 17th March

Undertaker, J. Chalmers

Place of Business, 40 Wilson St

Wm C. VanBibber M. D.
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9205 — Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 15. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie C. Poole

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 271 Druid Hill Ave

Cause of Death, First (Primary), Whooping Cough

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's

Date of Burial, Mar 16

Undertaker, C W Blizzard

Place of Business, 207 Penna Ave

Steuart Sue

C. C. Williams M. D.

Medical Attendant.

Address, 201 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4086 Harrel

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90206 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT MAR 16 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, March 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} S Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 8 *Months,* ____ *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ____

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 4 Bowen Ct

Cause of Death, First (Primary), Pneumonia

Second (Immediate), "

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mount Lemetery

Date of Burial, March 16 1886

Undertaker, William N Lingo

Place of Business, 62 East St

John S Newington M. D.
Medical Attendant.

Address, 134 N Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90207 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 12 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Emma Cole

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give Street and Number.} 32 Magnolia alley

Cause of Death, First (Primary), Bronchitis

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 16 1886

Undertaker, William Dunge

Place of Business, 62 East St

W. L. Howard M. D.
Medical Attendant.

Address, 436 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90208 *Office of Registrar of Vital Statistics.* Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED MAR 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Wm. M. & Eliza J. Gressitt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 3½ Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 615 E. Chase

Cause of Death, First (Primary), ~~—~~

Second (Immediate), Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cem—

Date of Burial, March 16th 1886

Undertaker, W. Forle

Place of Business, 82 West St.

Thomas A. Clemens M. D.

~~Medical Attendant.~~

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the ~~said city~~, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Thomas A. Clemens

Low. Town

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90209 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Gibson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} A. A. Co. Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give Street and Number.} 136 York Street

Cause of Death, First (Primary),

Second (Immediate), Abscess of Brain

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Saints St Cemetery

Date of Burial, March 16th 1886

Undertaker, W. M. Dungee

Place of Business, — *Address,* Camp & O & R

Thos A Stevens M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

9

Permit No. 90210

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 16 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

94

CERTIFICATE OF DEATH.

Date of Death, Mar. 14, 11:13 P.M. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Stevens

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 28 Yr *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, Unknown

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} Maternité, 161 W Lombard St.

Cause of Death, First (Primary,) Puerperal Septicaemia

Second (Immediate,)

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md Campgrd. Maryland

Date of Burial, March 16

Undertaker, [illegible]

Place of Business, 82 West St

William A Bodine M. D.
Medical Attendant.

Address Maternité,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90211 *Office of Registrar of Vital Statistics.* Ward 10"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 14" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Myers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Easton Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 143 Peirce St

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Shark St (Cem't)

Date of Burial, March

Undertaker, S N Chase

Place of Business, S. Howard St *Address,* Camp 6 V M

Thos A Steuart M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

W. C. Roberts Sanit. Inspector

Health Department, City of Baltimore.

Permit No. 9212 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 16 1886
BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Mar. 15 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Young

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* — *Days*

Color, colour

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Fifteen

Place of Death, {Give Street and Number.} M 10 Walnut alley

Cause of Death, First (Primary), Effects of a burn

Second (Immediate), Died Mar 14 86

Duration of Last Sickness, about 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 16 1886

Undertaker, Hercules Ross

Place of Business, 95 Eas Pratt St

Wm A. Jenny M. D.

~~Medical Attendant~~.

Address, 322 Wallis st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 90213 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Maney

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Fem

Age, 79 *Years,* — *Months,* — *Days*

Color, Wh

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give Street and Number.} 65 E. Chatsworth

Cause of Death, First (Primary), ...

Second (Immediate) Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 17 1886

Undertaker, G. France

Place of Business, Bank & wood *Address,* [illegible]

J. C. Benzing M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90214 *Office of Registrar of Vital Statistics.* Ward 14 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Albright

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* 2 *Months,* 2 *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Boiler Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 50 Years

Place of Death, {Give Street and Number.} 213 Hollins

Cause of Death, First (Primary), Bronchial Emphysema

Second (Immediate), Mitral insufficiency

Duration of Last Sickness, Under my Care 7 or 8 wks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 16/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto

W. R. McAtee M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90215 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 16 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St Vincents

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, March 17th 1886

Undertaker, Samuel Lake

Place of Business, Division St, *Address,* 404 Dr Hillair

F. J. Flannery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9016 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Mch 15th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Female

Age, ——— *Years,* 1 *Months,* 12 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St Vincents

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, March 17th 1886

Undertaker, Maynard Lake

Place of Business, Division St.

F J Flannery M. D.
Medical Attendant.

Address, 404 Dr Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90217 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 16 1886 REGISTERED

CERTIFICATE OF DEATH.

Date of Death, March 13 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jack Fowler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* 9 *Months,* *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 112 Ramsay St

Cause of Death, First (Primary), Paralysis of Brain

Second (Immediate),

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 17th 1886

Undertaker, W. Cudlipp

Place of Business, 237 Baltimore St

A. J. Smith M. D.
Medical Attendant.

Address, 307 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 90218 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 16 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, March 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleuora R. Phelps

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* 6 *Months.* — *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Housekeeping

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Whole life - except about - 2 years

Place of Death, {Give Street and Number.} 83 S. Greene St

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate), Asthenia

Duration of Last Sickness, Last illness 5 weeks - Health failing had Cough for 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 17th 1886

Undertaker, W. Cadogan

Place of Business, 227 Hollins St

Jas. E. Gibbons M. D.
Medical Attendant.

Address, 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90219 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 14 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hildebrandt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 11 *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 26 Hanover Street

Cause of Death, First (Primary), Laryngismus stridulus

Second (Immediate), Eclampsia

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 15th 1886

Undertaker, Henry Schumann

Place of Business, 63 N Eden St

J Mathews *M. D.*
Medical Attendant.

Address, 245 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90220 *Office of Registrar of Vital Statistics.* Ward 9 cl 4

HEALTH DEPARTMENT MAR 17 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

9

CERTIFICATE OF DEATH.

Date of Death, March 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dietrich H. Radeeke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 53 years,

Place of Death, {Give Street and Number.} No. 68 St. Paul St.

Cause of Death, First (Primary),

Second (Immediate), Cirrhosis of the liver,

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 17th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

John Morris M. D.
Medical Attendant.

Address, 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90221 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry H. Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 56 E. Hoffman

Cause of Death, First (Primary), Hooping Cough

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 17. 1886

Undertaker, Wm. H. Hickman

Place of Business, 2240 E. Gay *Address,* 228 E. Fayette

W. B. Billingslea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9022 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roberta S Grimaldis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* 5 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Accomac Co Va "

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} 1111 Gittings St

Cause of Death, First (Primary), Rheumatism Dysentery

Second (Immediate), Endocarditis & Congestion of Lungs

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Accomac Co Va

Date of Burial, March 18th 1886

Undertaker, [illegible] Thomas Cartee M. D.

Medical Attendant.

Place of Business, 10 N Dallas *Address,* 446 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4089 Hanover

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10223 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 16" 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabet Buckley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 88 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 84 Years

Place of Death, {Give Street and Number.} 90 E. Chase st

Cause of Death, First (Primary),

Second (Immediate), Old age

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, March 18" 86

Undertaker, H. C. Friedefeld

Place of Business, Fremont Ave

Thos A Ellwood M. D.

Medical Attendant

Address, Cor Mt & Pr

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Sec 6

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Jas B. Fitzpatrick

Sanitary Inspector

No. 10,214

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90224 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Mar. 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Peacock

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 15 Liberty ave. City

Duration of Residence in the City of Baltimore, Living City

Place of Death, {Give Street and Number.} 16 Liberty ave

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, E. Public Burying

Date of Burial, March 17/1886

Undertaker, W. A. Sisson

Place of Business Health Office *Address,* 283 N. Eden ave.

Edwin B. Tenly, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90225 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mar 15 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Kelly

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 4 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, ~~nil~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Fifteen

Place of Death, {Give Street and Number.} 10 Bath St.

Cause of Death, First (Primary), Pneumonic

Second (Immediate), ~~Fever typhoid~~ asthenia

Duration of Last Sickness, 14 ds. (about)

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 17 1886

Undertaker, Jas P Byrne

Place of Business, 63 Fremont

D. Streett M. D.
Medical Attendant.

Address, 1434 Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...prompt attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90226 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

A

Date of Death, March 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Saunderson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 20 *Days*

Color,

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 136 Fanning Lane

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, 1 mo

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 17 1886

Undertaker, William Driggs

Place of Business, 12 East St

J. M. Hundley M. D.
Medical Attendant.

Address, 22 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9022 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mch. 15. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Murdock

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2. *Years,* 6. *Months.* — *Days*

Color, Colored.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 29 N Amity St.

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), General prostration

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Loene Cemetery

Date of Burial, March 17 1886

Undertaker, William Wenger

Place of Business, 62 East St

L. P. Wilson M. D.
Medical Attendant.

Address, 837 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 90228 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Murdock

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months.* — *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since

Place of Death, {Give Street and Number.} 89. N. Amity St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Injection of Lungs.

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Lemmel Cemetery

Date of Burial, March 17 1886

Undertaker, Wilhelm & Berger

Place of Business, 62 East St

J. R. Wilson M. D.
Medical Attendant.

Address, 837 N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90229 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, March 16th 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Brunell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Home

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give Street and Number.} 192 Chester St.

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, 17th March

Undertaker, W. Dippel

Place of Business, 1517 Bond St. *Address,* .....

J. Kelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90230 *Office of Registrar of Vital Statistics.* Ward 14 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1886 BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, March 16, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura L. Williams

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* ——— *Months.* ——— *Days*

Color, ev

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 8 ~~Gilbert~~ Gilbert St near Edmondson Av

Cause of Death, First (Primary), Peritonitis

Second (Immediate), Septicemia.

Duration of Last Sickness, about 8 or 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 21 '86

Undertaker, Alex Hemsley

Place of Business Orchard st

W. T. Browne M. D.
Medical Attendant.

Address, 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 90231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* t. to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... MAR 17 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 16th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Lyles

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Montgomery Co.

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number} 63 Orchard St

Cause of Death, First, (Primary,) Carcinoma of Stomach

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two weeks (confined 5 wks)

All the above information should be furnished by the Physician.

Place of Burial, Frederick City Md

Date of Burial, March 19 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard St

Harry P. Gallagher *M. D.*
Medical Attendant.

Address, 333 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

4090 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90232 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, March 16th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Peters

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} N° 20 Barnett St

Cause of Death, First (Primary), Hydrocephalus acutus

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, March 18—

Undertaker, Henry Broches

Place of Business, Fennette

E Murray Sayer M. D.
Medical Attendant.

Address, 169 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91233

Office of Registrar of Vital Statistics.

Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 16th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* 6 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 8 Federal St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 18th 86

Undertaker, G. Frazer

Place of Business, 9 Paca & Wells Sts

Address, [illegible]

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9934 *Office of Registrar of Vital Statistics.* Ward 1

HEALTH DEPARTMENT MAR 17 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Griffin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 124 E Chapel st

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Mch. 18th 86

Undertaker, G. O'Brien

Place of Business, Pant & Wolfe *Address,* .....

W. Tuttle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90235 *Office of Registrar of Vital Statistics,* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 17th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Frank

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 22 Chapel St

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, March 18th 86

Undertaker, G. Franc

Place of Business, Pant & Wolfe *Address,* 160

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90236 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 17 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, March 16/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. C. Fick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} William

Age, 65 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Rigger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 127 Thames St

Cause of Death, First (Primary),

Second (Immediate), Haemoptysis

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 19th 86

Undertaker, C. G. France

Place of Business, Grant & Wolfe

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 & 52 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90237 *Office of Registrar of Vital Statistics,* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 17th March 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benedict Gollen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give Street and Number.} 435 L Wolfe

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, 18th March 1886

Undertaker, G. Flowers

Place of Business, Bond & Wolfe

James A Steuart M. D.

~~Medical Attendant~~

Address, Cor Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

G. W. Thomas
Sou Fayette

Health Department, City of Baltimore.

Permit No. 90238 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1886 BALTIMORE MD.

5 6 a

CERTIFICATE OF DEATH.

Date of Death, March 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Beatrice Pahlbaugh

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 6 *Days*

Color, White,

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 21 Mulliken St

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 21 Mulliken

Cause of Death, First (Primary),

Second (Immediate), Eclampsia

Duration of Last Sickness, 4½ Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 18/86

Undertaker, H. C. Windfield

Place of Business, 70 Greenmt Ave

Ridgway Lurz M. D.
Medical Attendant.

Address, 131 E Butte 21

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90239 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT MAR 17 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Mc Manus

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, — *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 271 Forrest St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, March 18/86

Undertaker, H. C. Wiedefeld

Place of Business, 60 Greenmt Ave

Edwin B. Faulk M. D.
Medical Attendant.

Address, 253 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 90249 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Davenport

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, 6 to 8 years

Place of Death, {Give Street and Number.} 197 W. Fayette st

Cause of Death, First (Primary), acute Alcoholism

Second (Immediate), Took 2 ounces of Laudanum

Duration of Last Sickness, about 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Barnesville Belmont Co O

Date of Burial, March 17, 1886

Undertaker, Jno J. Andrews

Place of Business, ~~44~~ Druid Hill Av

Wm A. Ivens M. D.

Coroner

~~Medical Attendant~~.

Address, 322 Hollins st. city.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4091 Hansel

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9024 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 18 1886
BALTIMORE, MD.

24

CERTIFICATE OF DEATH.

Date of Death, March 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J. Babbington

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 f *Years,* ~~—~~ *Months,* ~~—~~ *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore, Three days

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Strangulated Hernia (femoral)

Second (Immediate), Peritonitis. Exhaustion

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Forest Hill Harford Co Md

Date of Burial, March 18th 1886

Undertaker, Evans & Spencer

Place of Business, 60 E Balto St

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4092 Traced

[OVER.]

Health Department, City of Baltimore.

Permit No. 9024 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, March 17th 1886 5. P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James O. Dwyer

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 3 *Years,* 3 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 127 Boyd st.

Cause of Death,
First (Primary), Had Dyphtheria prior to my Call. found the Child Still suffering with the disease. Had no medical treatment prior my visit
Second (Immediate), Suddenly – Heart Clot

Duration of Last Sickness, under my treatment, about 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Mar 18th

Undertaker, John J Doman

Place of Business, 27 Hollins St

A. McCaston M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90243 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Kotopapas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give Street and Number.} 22 Concord St.

Cause of Death, First (Primary), Carcinoma Mammae. (Scirrhus)

Second (Immediate), Asthenia

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Ball cemetery

Date of Burial, March 19 1886

Undertaker, James D Byrne

Place of Business, No 60 n Front

Charles E. Phippen M. D.
Medical Attendant.

Address, 139 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9024 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 18 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Leermiger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give Street and Number.} 50 Winchester St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 18 1886

Undertaker, William Burger

Place of Business, 622 Orchard St.

E. H. Shipley M. D.
Medical Attendant.

Address, 41 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4093 Hauser

Board of Health, City of Baltimore,

Permit No. 90245 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 19 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, 16th March 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Cunningham

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, W

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N.Y.

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give street and number.} #8 Hamilton Ave

Cause of death, First, (Primary,) Senile Decay

Second, (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, March 18/86

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette

Geo H Eaton *M. D.,*

Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9926 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, March 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George C. Gerlach

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 41 *Years,* —— *Months,* —— *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} V

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 271 East Madison St.

Cause of Death, First (Primary), Congestion of the lungs

Second (Immediate), Extreme exhaustion

Duration of Last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 19th

Undertaker, George Schilling

Place of Business, 7th and Lyon's

Milton N. Taylor M. D.
Medical Attendant.

Address, 138 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90247 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 18 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Spencer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Twins

Age, — *Years,* 11 *Months,* 23 *Days*

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 87 Plum Alley

Cause of Death, First (Primary), Debilitation

Second (Immediate), Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Thorpe St. Cem

Date of Burial, March 19th 86

Undertaker, G. W. Perkins

Place of Business, Homewood Ave

James A Steuart M. D.
~~Medical Attendant.~~

Address, Corner of 6 & P

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

J. W. Thomson
Low. Fresh

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 90248 *Office of Registrar of Vital Statistics.* Ward 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 18 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, March 17th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ann Hammillton

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give Street and Number.} No. 290 East Monument St.

Cause of Death, First (Primary), Unknown to me

Second (Immediate), Paralysis

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 19th /86

Undertaker, Henry McInnis

Place of Business, No 8 N. Central Ave

Milton N Taylor M. D.
Medical Attendant.

Address, 138 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 99279

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 12 1886 BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Price

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 50 50 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annapolis, Maryland

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number} No. 16 Carlton St.

Cause of Death, First, (Primary.) Derangement of Stomach & liver

With Vomiting Morphine rejected during

Second, (Immediate.) Spasms of hands and disease of the

Duration of last Sickness, Probably Convulsions and death

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, March 14 1886

Undertaker, William A Dryer

Place of Business, 62 East St

E. N. Free M. D.

Medical Attendant.

Address, 192 N. Carey st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90257 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

a

Date of Death, March 16 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Boom

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md. —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No. 35 Sater St.

Cause of Death, First (Primary), Valvular Disease of Heart

Second (Immediate), —

Duration of Last Sickness, Instant death. —

All the above information should be furnished by the Physician.

Place of Burial, Level Cemetery

Date of Burial, March 16 1886

Undertaker, William Dunger

Place of Business, 62 East st

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9025 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 18 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Welsh

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 32 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give Street and Number.} 115 Pierce St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Potters Cemetery

Date of Burial, March 20 1886

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

H. Warfield M. D.
Medical Attendant.

Address, Balto Gen. Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90252 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 17/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L. Gibson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 4 *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 387 Parrish Alley

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Shaw's & Cassilis

Date of Burial, March 19/86

Undertaker, W. H. Unger

Place of Business, East St

Samuel Stinus M. D.

Address, Canton Ave & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo E Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90253 *Office of Registrar of Vital Statistics.* Ward 12½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 18 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 12 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Carney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.} √

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} County Dublin Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 310 N. Dalaw St Balto.

Cause of Death, First, (Primary,) Cancer of rectum

Second, (Immediate,) Exhaustion

Duration of Last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial, Barnum Cem

Date of Burial, March 19. 1886

Undertaker, Martin Fahey

Place of Business, 128 Townsend [illegible] *Address,* 128 Madison St

Hefl & Powlle M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10254

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90254 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Foster

Sex, Male or Female, {Cross out the word not required in this line.} " "

Age, Years, 5 Months, 10 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 11 Patapsco St.

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate), Collapse

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, March 18. 1886

Undertaker, H. Saudenheimer M. D.

Medical Attendant.

Place of Business, 252 Caroline St. Address, 58 Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90255 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MARYLAND BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie May Deale

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.} Female

Age, 26 *Years,* 0 *Months,* — *Days* ✓

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} married ✓

Occupation, Housework.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Co't Maryland

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give Street and Number.} 169 Freemont Ave

Cause of Death, First (Primary), Pulmonary Phthisis.

Second (Immediate), Hoemoptysis.

Duration of Last Sickness, Sixteen Months

All the above information should be furnished by the Physician.

Place of Burial, Balto county

Date of Burial, Mch 19th 1886

Undertaker, Ammendorf

Place of Business, 2432 Light

John U. Pickel M. D.
Medical Attendant.

Address, 256 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9025 6

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9025 6 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gudlow

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* 7 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} 495 Leeds St.

Cause of Death, First (Primary), Phthisis - pulmonalis

Second (Immediate),

Duration of Last Sickness, 2 Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, March 19 1886

Undertaker, Jas B Cook

Place of Business, No 707 W Baltimore

Wm H Chandlee M. D.
Medical Attendant.

Address, Cor. Columbia and Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9025 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, March 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Lizzie Conway

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} E. L. & N. Arlington Ave

Cause of Death, First (Primary), Valvular disease of the Heart

Second (Immediate),

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 19 1886

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore St

Edwd J. Nicholson M. D.
Medical Attendant.

Address, 283 N. Londons

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 90258

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90258 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pete Baroch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 487 E Eager St

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give Street and Number.} 487 E Eager St

Cause of Death, First (Primary), Pneumonia after measles

Second (Immediate), " Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphansius Ci.

Date of Burial, March 19/1886

Undertaker, Frank Crach.

Place of Business, 249 N. Durham St. *Address,* 86 N Pulaski St

George Walls M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90259 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 17 March 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Woestman

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 2 *Years,* 9 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 363 Saratoga Street

Cause of Death, First (Primary), Pleuritis

Second (Immediate), Weakness

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 19th 1886

Undertaker, W. Cadogan

Place of Business, 227 Mulberry St

L. F. Reinhard M. D.
Medical Attendant.

Address, 411 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 70200

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9042.60 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Recktenwald

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 30 *Years,* 3 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 51 S. Wolfe st.

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Bloomer Cem

Date of Burial, March 21

Undertaker, W. Lippit

Place of Business, 157 S Bond

L. L. Dauch M. D.
Medical Attendant.

Address, 325 E. Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 10261

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90261 *Office of Registrar of Vital Statistics.* Ward 11

HEALTH DEPARTMENT MAR 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret McKissey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} London England

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 57 Fountain St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 19th

Undertaker, W. Dittel

Place of Business, 757 S. Bond *Address,* 22 Eden St.

E. J. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90262 *Office of Registrar of Vital Statistics.* Ward 11th

HEALTH DEPARTMENT MAR 19 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 17th (Annie Campbell Thomas)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs J Hanson Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* 5 *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Fredericksburg Va

Duration of Residence in the City of Baltimore, Forty Eight Years

Place of Death, {Give Street and Number.} No 61 Mt Vernon Place

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 19th 1886

Undertaker, Wm J Knabe & Sons

Place of Business, Park & Saratoga

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90263 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Hazlett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, " 3 days

Place of Death, {Give Street and Number.} West Side Bet. Ridgley & Paca Sts

Cause of Death, First (Primary), —

Second (Immediate), Convulsions

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 19th

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

Geo. A. Bell M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9926 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 10 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 18, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward H. Pennington

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* —— *Months,* —— *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} ✓

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cecil County Md

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, {Give Street and Number.} 83 N Eutaw

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 20

Undertaker, Joseph B Cook

Place of Business, 704 W Baltimore

C. G. Lieutaud M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

9c

Permit No. 90265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 19 1886
BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, Mar. 17, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Katie McCabe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give street and number.} Maternité, 161, N. Lombard St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Returned for

Date of Burial, Anatomical Purposes

William S. Gardner *M. D.*
Medical Attendant.

Undertaker,

Place of Business,

Address Maternité.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91266 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 18/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McElray.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 79 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow.

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland. ✓

Duration of Residence in the City of Baltimore, 5-5 years.

Place of Death, {Give Street and Number.} 96 N. Schroeder

Cause of Death, First (Primary),

Second (Immediate), Valvular disease of the heart.

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem

Date of Burial, March 20th 1886

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 112 N. Greene

Louis M. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9026 7 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Black

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. under Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 63 Madison St E

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 18th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Gremmit Av

D. N. Hunter M. D.
Medical Attendant.

Address, 86 Gramont Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90268 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, March 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Collins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 202 Monument

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Mar 19th 86

Undertaker, H. C. Wiedefeld

Place of Business, 60 Gremmit *Address,*

Lewis Blackwell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90269 *Office of Registrar of Vital Statistics.* Ward 17E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th March 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. Mc Raynier

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2m

Place of Death, {Give Street and Number.} 152 Wilmin St

Cause of Death, First (Primary), Inflammation of Brain

Second (Immediate), Convulsions

Duration of Last Sickness, 1 week

All the above Information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 19/86

Undertaker, B Hale

Place of Business, 82 East St

T. W. Dodge M. D.
Medical Attendant.

Address, 110 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90470 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 19 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Mch 17 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridgett A. Franklin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* —— *Months.* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 25 Willow

Cause of Death, First (Primary), Stomatitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 19th 1886

Undertaker, Henry W. Mears

Place of Business, #22 W. Fayette St

J. H. Robinson M. D.
Medical Attendant.

Address, 25 N. Gilmor Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 10214

Health Department, City of Baltimore.

Permit No. 9047 / *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 19th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Ward

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~B. City~~ Md

Duration of Residence in the City of Baltimore, 11 yrs.

Place of Death, {Give Street and Number.} 15 Warner St

Cause of Death, First (Primary), Morbilla

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Fair Haven a a Co

Date of Burial, May 20/86

Undertaker, B Hale

Place of Business, 82 West

Attended

Medical Attendant. M. D.

Address, 31 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4097 Barnes

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91272. *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, March 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Black

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months.* 4 *Days*

Color, white

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cecil Co Md

Duration of Residence in the City of Baltimore, 47 Years

Place of Death, {Give Street and Number.} 96 Aisquith St

Cause of Death, First (Primary),

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, Do not know, as she was dying when I was called in. Had been attended about 2 weeks by other Physicians

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 22nd

Undertaker, Geo. Schilling

Place of Business, 23d Canal Square

Irving Miller M. D.
Medical Attendant.

Address, 179 East Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90273 *Office of Registrar of Vital Statistics.* Ward 9

HEALTH DEPARTMENT MAR 19 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza M. Hattimood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, has lived here since

Place of Death, {Give Street and Number.} 89 S. Canden St

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Blood Poisoning

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, March 19th.

Undertaker, F. N. Groll.

Place of Business, 131 Hanover St

H. Thorburn Cotton M. D.
Medical Attendant.

Address, 410 W. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

3rd

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 90274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAR 19 1886 BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. L. Bevans.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 62 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, {Give street and number.} 28 S. Broadway.

Cause of Death, First (Primary,) Inflammation Bladder.
Second (Immediate,) General Debility.

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetery

Date of Burial, March 20th 1886

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway

D. M. Coskill M. D.
Medical Attendant.

Address 23 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 90275

Office of Registrar of Vital Statistics.

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, MAR 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Contee Kent Hall

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 65 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Prince George County Maryland

Duration of Residence in the City of Baltimore, Twelve years & six Months.

Place of Death, {Give street and number.} No. 320 North Mount st. Baltimore Md.

Cause of Death, First, (Primary.) Typhoid Pneumonia

Second, (Immediate.) Collapse

Duration of Last Sickness, About two & a half weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 20th 1886

J. M. Johnson M.D.,
Medical Attendant.

Undertaker, Dimmy & Mitchell

Place of Business, 580 W Fayette *Address,* No. 65 St. Paul st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90276 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James S Gorman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wine Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lives here

Place of Death, {Give Street and Number.} 155 N. Carey

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, March 19 1886

Undertaker, Conroy and Mitchell

Place of Business, 550 W Fayette St *Address,* 1851 W Fayette St

W. H. Crim M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

18 2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

REGISTRAR'S DEPARTMENT MAR 20 1886 BALTIMORE

Permit No. 9027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 17 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estella M. Reed

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* one *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 26 Calverton ave.

Cause of Death, First (Primary,) Croup.

Second (Immediate,)

Duration of Last Sickness, five days.

All the above information should be furnished by the Physician.

Place of Burial, Talbot Co Md

Date of Burial, March 17 86

A. Kimmel Warner M. D.
Medical Attendant.

Undertaker, Anthony Dove

Place of Business, No 263 Lafl-1 *Address* 31 Frederick ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90278

Office of Registrar of Vital Statistics.

Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 19 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 19 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sofie Whilem

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* 6 *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 225 - William St

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Debility

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto county

Date of Burial, Mch 21th 1886

Undertaker, Armstrong Bros

Place of Business, 263 Light

L L Bolle M. D.
Medical Attendant.

Address, 80 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90279 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Wallace Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 201 E Oraton

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Meningitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 20th 1886

Undertaker, M. A. Daiger Atty

Place of Business, 74 S. Bway

Geo. T. Reynolds M. D.
Medical Attendant.

Address, 821 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90280 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip R. Reetan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* — *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Builder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 382 East Baltimore Md.

Cause of Death, First (Primary),

Second (Immediate), Heart Disease Valvular

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 21st 1886

Undertaker, H. A. Dayer Atty

Place of Business, 74 S. Bway

Jos. C. Bevington M. D.
Medical Attendant.

Address, Baden Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 7221

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90281 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1886 BALTIMORE MD.

74

CERTIFICATE OF DEATH.

Date of Death, March 18 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, Ten (10) Years

Place of Death, {Give Street and Number.} Church Home Infirmary N Broadway

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, One Week (for Years

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Church Yd. Fremont & Lorman St

Date of Burial, March 21st 1886

Undertaker, M. A. Dauger Atty.

Place of Business, 74 S. Burg.

[signature] M. D.
Medical Attendant

Address, Church Home Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90282 *Office of Registrar of Vital Statistics.* Ward 82

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 19 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 17 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Conry

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 526 Virginia St

Cause of Death, First (Primary), Congestion of brain

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 or 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, March 20th

Undertaker, William J Schaeffer

Place of Business, No 9 S Front St *Address,*

E. B. Rowe *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 90283 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER DEPARTMENT
MAR 20 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Frank

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 hour *~~Years,~~* *Months.* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St George St Balto

Duration of Residence in the City of Baltimore, 1 hr.

Place of Death, {Give Street and Number.} St George St

Cause of Death, First (Primary), Premature birth

Second (Immediate),

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, March 20th 1886

Undertaker, M Cadogan

Place of Business, 227 Baltimore St

J H Buchanan M. D.
Medical Attendant.

Address, 1 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9028 Office of Registrar of Vital Statistics. Ward 20

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas S. Lynch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 3 *Months,* 14 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give Street and Number.} 388 Pennsylvania Ave

Cause of Death, First (Primary), Phthisis Pulmon.

Second (Immediate),

Duration of Last Sickness, Above five years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Mar 20

Undertaker, C H Blizzard

Place of Business, 207 Penn Ave

C. O'Donovan M. D.
Medical Attendant.

Address, 115 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90285 *Office of Registrar of Vital Statistics.* Ward 11-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Gibson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city —

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} N Y Lubies Hospital

Cause of Death,
First (Primary),
Second (Immediate), Marasmus

Duration of Last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Loudenslake

Date of Burial, Mar 20

Undertaker, C W Hazzard

Place of Business, 20 Eden

J. M. Hundley M. D.
Medical Attendant.

Address, 72 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 90286

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90286 *Office of Registrar of Vital Statistics.* Ward 7 2

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Anton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 7 *Days*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 212 E Eager St

Cause of Death, First (Primary) Spina bifida

Second (Immediate), Eclampsia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ct

Date of Burial, March 20 1886

Undertaker, Henry Hoeck

Place of Business, 307 N Gilmor St

R. Palmer M. D.
Medical Attendant.

Address, E Cor Eager & Forrest Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90287 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mar. 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Bayne

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 minutes *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 148 Enon St.

Cause of Death, First (Primary), Premature birth

Second (Immediate), Inability to support Extra Uterine Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 20th 1886

Undertaker, Wh. Weber

Place of Business, 60 Eutaw St. *Address,*

Jno. Brooke Bayly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90488 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustav W. Lindeman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1 Wesley St.

Cause of Death, First (Primary),

Second (Immediate), Diphtheritic Laryngitis

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery, Loudon Park

Date of Burial, March 20th

Undertaker, F. W. Small

Place of Business, 131 Hanover St. *Address,* 15-28 Hanover St.

R. J. N. Tate, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 17

Permit No. 90289 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED MAR 20 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 19 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Green

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

[redacted]on,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give Street and Number.} 10 Clarkson St

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 2 Mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 22 1886

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Wm O Ellis M. D.
Medical Attendant

Address, 318 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20290 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18 86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Nash

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~ *Years,* 11 *Months,* 13 *Days*

Color, cd

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 35 Granby St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mch 20 1886

Undertaker, Dunigee

Place of Business, Address, Lanvale & Pa

Thos A Steiner M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo E Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90291 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Neale

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 97 S. Gilmor

Cause of Death, First (Primary), —

Second (Immediate), Membranous Croup

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Mch. 21/86.

Undertaker, J. B. Cook

Place of Business, 1707 W. Balto St. *Address,* 582 W. Fayette

W. R. McCann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90292 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 20 1890 BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, March 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Iglehart

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* — *Months,* 16 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 365 Schroeder St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Patterson Cemetery

Date of Burial, March 20

Undertaker, Joseph B Cook

Place of Business, Baltimore # 707

H. W. Hebner M. D.
Medical Attendant.

Address, 298 W. Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90293

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 20 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

94

Date of Death, March 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Knapp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} House of The Good Shepherd

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 20th 1886

Undertaker, J. B. Cook

Place of Business, 707 N. Bath

Edw F. Michael M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90294 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, March 19 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Howard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* One *Months,* 7 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 24 Bartlett st

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, March 21st 1886

Undertaker, Jos B Lord

Place of Business, No 707 W Baltimore st

Jno D Blake M. D.
Medical Attendant.

Address, 158 Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90295 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Rogers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 74 Hillen

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, St Johns cemetery

Date of Burial, March 21st 1886

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore St

Address, 74 N Lombard

L L Flinn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90296 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE, MD.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 18 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Solan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 17 Eastern

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 21st 1886

Undertaker, Jno R Carr

Place of Business, No 707 N Baltimore St

M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Co-operation of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9029 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sidonia Allgus

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, Dont know

Place of Death, {Give Street and Number.} Inst. Little Sisters of Poor

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cem

Date of Burial, Mar 19 th.

Undertaker, H Blattenny Jr.

Place of Business, 253 E Lombard St

Geo Mackey Bayless M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90298 *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

74

Date of Death, March 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Lynott

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* 5 *Months,* *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} ✓

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} Home of Aged of M. E. Church cor Franklin st and Fulton ave

Cause of Death, First (Primary), Chronic Albuminuria

Second (Immediate), Uraemic poison

Duration of Last Sickness, (doubtfull) to my knowledge, two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 21st 1886

Undertaker, John S. Mackie

Place of Business, No 181 Conde st

W. W. Wright M. D.
Medical Attendant.

Address, 221 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90299

Office of Registrar of Vital Statistics.

Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED MAR 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 19. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E Roy Phillips,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N. C.

Duration of Residence in the City of Baltimore, Three years,

Place of Death, {Give Street and Number.} 35 E. Hoffman St,

Cause of Death, First (Primary), Tuberculosis,

Second (Immediate), Exhaustion,

Duration of Last Sickness, five months,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 21st 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

F. W. Chamberlayne M. D.
Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90300 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Richele

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty-three *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give Street and Number.} 246 Hanover St

Cause of Death, First (Primary), Mitral Regurgitation;

Second (Immediate), Dropsy, Exhaustion

Duration of Last Sickness, Fifteen Mos.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, March 21 the

Undertaker, Andrew Rohde

Place of Business, 48 Penna ave

D. Lacey M. Barclay M. D.
Medical Attendant.

Address, 33 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 90301 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March the 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nora Montgomery

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* ~ *Months,* ~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 5-2 Cross Street

Cause of Death, First (Primary), Cum "

Second (Immediate), Hydrocephalus Congestion

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C.

Date of Burial, May 21

Undertaker, B. Mark

Place of Business, 52 West St

J. K. Wiley M. D.

Medical Attendant.

Address, 195 West Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 90304 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Maud Tyler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* 7 *Months,* 17 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 65 N. Green St

Cause of Death, First (Primary), Natural

Second (Immediate), Typho Malarial Fever

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 21-86

Undertaker, C F Krauss & Son

Place of Business, 204 Hanover *Address,* 195 W. Lombard

J. K. Wiley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90303 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED MAR 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza West

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* 2 *Months,* 18 *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} V

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 78 years.

Place of Death, {Give Street and Number.} 159 N. Mount Street

Cause of Death, First (Primary), Old Age

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 21st

Undertaker, Geo Schilling

Place of Business, 17 Park Square *Address,* 2211 N. Gilmor St

W. S. Wright M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore.

Permit No. 9030 *Office of Registrar of Vital Statistics.* Ward 20 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 19 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. E. Mills

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 28 *Days,*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 351 Vincent Alley

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} same as above 351 Vincent Alley

Cause of Death,
First (Primary), Lockjaw
Second (Immediate), Convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 20. 1886

Undertaker Martin Fahey

Place of Business 128 Townsend

Jno. R. Duncan M. D.
Medical Attendant.

Address, 1362 E. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90305 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 20. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Malvina J. E. Myers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 43 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 338 N. Broadway

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mar 23d 86

Undertaker, Wm S Fry

Place of Business 711 Broadway

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9036 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 19 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Mitchell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 20 *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 16 Mc Elderry St

Cause of Death, First (Primary), Membranenous Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 21 1886

Undertaker, Wm S Fry

Place of Business, 812 Broadway

Geo R Graham M. D.
Medical Attendant.

Address, 136 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9030 *Office of Registrar of Vital Statistics.* Ward 6 1/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE, MD.

23

CERTIFICATE OF DEATH.

Date of Death, March 19-86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann E. Helm

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 153 N. Wolfe St.

Cause of Death, First (Primary), ?

Second (Immediate), Paralysis of the heart

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 21/86

Undertaker, Wm S. Fry

Place of Business, 81 W Broadway

J. Taylor Smith M. D.
Medical Attendant.

Address, 359 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90308 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE MD.

D

CERTIFICATE OF DEATH.

Date of Death, March 18. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Anna Hackett

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6.9 *Years,* — *Months,* — *Days*

Color, w

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Queen Anns Co Md

Duration of Residence in the City of Baltimore, 4 4 years

Place of Death, {Give Street and Number.} 19 Barnett —

Cause of Death, First (Primary), Bright's disease

Second (Immediate), Oedema of Lungs

Duration of Last Sickness, About 3 weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 21st 1886

Undertaker, Henry F. Means

Place of Business, #22 N. Fayette *Address,*

J. K. Page M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91309 *Office of Registrar of Vital Statistics.* Ward 15-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* —— *Months,* —— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 44 Church Str

Cause of Death, First (Primary), Exposure

Second (Immediate), Unknown

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, West'n Cem

Date of Burial, 20th March/86

Undertaker, F Kerrison

Place of Business, City Hall

J Thos A Clements M. D.
Medical Attendant.

Address, Cam & 16th

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7209

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90310 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE, MD.

2

CERTIFICATE OF DEATH.

Date of Death, March 19 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud Wright

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 35 *Days*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No. 16 Courtland St.

Cause of Death, First (Primary), Acute Pneumonitis

Second (Immediate), ——

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, March 20 1886

Undertaker, W. H. Bishop

Place of Business, Druid Hill Av.

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 10311

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10311 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th March

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Etta Barrington

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* 7 *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 14 Oelenda el.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Prostration

Duration of Last Sickness, 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 22 1886

Undertaker, John Herwig. *Medical Attendant.* C. L. Baddenhurst M. D.

Place of Business, 382 Orleans St. *Address,* 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90312 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charly Clemmentz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 9 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 1yr. 8 mo. 20 days

Place of Death, {Give Street and Number.} No 90 Rear of Dover St

Cause of Death, First (Primary), Hooping cough

Second (Immediate), Convulsion

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemt

Date of Burial, March 21st 1886

Undertaker, John J Andrews

Place of Business No 416 David Hall Alley

Wm P Chum M. D.
Medical Attendant.

Address, Univ of Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90313

Office of Registrar of Vital Statistics. Ward 4

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Clisham

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* —— *Months,* —— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Pedlar

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} No. 2 Hezekiah Alley

Cause of Death, First (Primary), Phthisis Pulmodalis

Second (Immediate), ——

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, March 20

Undertaker, P Ahrens

Place of Business, 28 Light St *Address,* Coroner

Alexander Hill, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9031 *Office of Registrar of Vital Statistics.* Ward 1 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael & Coleman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ship Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 38 Years.

Place of Death, {Give Street and Number.} 50 O'Donnell St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, About 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Mch 22

Undertaker, M. Clark & Son

Place of Business, 91 S. Eu Address, 52 Eden St.

E. J. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96315 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mch 19/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cordelia Dent

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* ..... *Months,* ..... *Days*

Color, Col'd

Married, ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place. {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 37 Pennsylvania Ave.

Cause of Death, First (Primary), Consumption,

Second (Immediate),

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Mch 21st 1886

J. H. Keller M. D.
Medical Attendant.

Undertaker, Alex Hensley

Place of Business, Hollrehan & Hensley Address, 188 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 90316 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 19— 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Elizabeth Jackson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months.* *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 103 Shields alley

Cause of death, First, (Primary,) Scrofula

Second, (Immediate,) Consumption (?)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 21st 86

Undertaker, Alex Kennedy

Place of Business, 116 Orchard

H. Grundmill M. D., Medical Attendant.

Address, 833 N. Green st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90317 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Hellmuth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* — *Months,* — *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Can Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, life-time

Place of Death, {Give Street and Number.} 22 Edmund St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, about three Months

All the above information should be furnished by the Physician.

Place of Burial, Johns Cemetery

Date of Burial, March 21st 1886

Undertaker, W. W. Madden

Place of Business, 46 East St

R. M. Cathell M. D.
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90318 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Neimann,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 163 Sharp

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 22nd 1886

Undertaker, Ernst Sellmer

Place of Business, 181 Sharp St *Address,* 152 Sharp St.

R. J. N. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90319 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 20 1886 BALTIMORE, M.D.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Doman

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, Watchman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} Chestnut St No 191

Cause of Death, First (Primary), ~~Old Age~~

Second (Immediate), Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 23 1886

Undertaker, Thos L Kirkman

Place of Business, 24 & Gay Sts

O'L Mahon *M. D.*
Medical Attendant.

Address, No 136 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90320 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED MAR 22 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, Mch. 20. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gottlieb Ernst

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 80 *Years,* 3 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Carpet-Weaver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 45 yrs.

Place of Death, {Give Street and Number.} 245 E. Madison St.

Cause of Death, First (Primary), Cerebral Apoplexy

Second (Immediate), Paralysis

Duration of Last Sickness, 2 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 22nd

Undertaker, Ed. Schilling

Place of Business, Ashland Ave. *Address,* 305 N. Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 13

Permit No. 90321 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 21 1886 BALTIMORE

Date of Death, March 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thresa O'Brien

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 9 Kings Court

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 21st 1886

Undertaker, Joseph F. Byrne

Place of Business,

Ernest Klein M. D.

~~Medical Attendant~~

Address, Eutaw & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the ... and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90322 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR. 21 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 19th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 284 S. Howard st.

Cause of Death, First (Primary), Pericarditis & Dropsy

Second (Immediate), Gangrene

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 21 1886

Undertaker, S. M. Chase

Place of Business, 198 Howard st

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 10323 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 21 1886 BALTIMORE

Date of Death, March 19 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. Grant

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 22 *Months,* *Days*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 22 months

Place of Death, {Give Street and Number.} 3 Carter Ally

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Levert Cemetery

Date of Burial, March 21 1886

Undertaker, William Longus

Place of Business, 62 East st

Edmund C. Gibbs M. D.
Medical Attendant.

Address, 136 E. Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90321 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 21 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret J Leverk

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* — *Days*

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 20 Yrs

Place of Death, {Give Street and Number.} 414 East St

Cause of Death, First (Primary),

Second (Immediate) Cancer of Womb

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Woodberry Cemt

Date of Burial, March 21st '86

Undertaker, W H Lounger

Place of Business, Address, Cemetery

Attended deceased from ... to ... 1886 M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 90325 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT MAR. 21 1886 BALTIMORE

Date of Death, March 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Rozac

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 11 *Months,* *Days.*

Color,

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia 3 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 43 Barnes St

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate). Exhaustion

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cy

Date of Burial, March 21/86.

Undertaker Frank. Cusack

Place of Business, 249 N Durham St

Medical Attendant. M. D.

Address, 56 N Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9032 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence McClean

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 5 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Workingg girl

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Chicago Ill

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give Street and Number.} 1 Jeny St

Cause of Death, First (Primary), Endd carditis

Second (Immediate), Thrombosis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemty

Date of Burial, March 20th

Undertaker, F. N. Ezell

Place of Business and Address, 131 Hanover St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90327 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William W. Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt= City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 663. Hanover St

Cause of Death, First (Primary), —

Second (Immediate), Diphtheria —

Duration of Last Sickness, 10 & days —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C.

Date of Burial, Mary 21

Undertaker, B. Hart

Place of Business, 62 West St

Chas A Bell M. D.
Medical Attendant.

Address, 161 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name. sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9032 8 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, March 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnva Feslis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* 24 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penn.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} 29 E. Eager st

Cause of Death, First (Primary),

Second (Immediate), Inflammation of Brain

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Deitzland Pa

Date of Burial, March 21/86

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

M. B. Billingslea M. D.
Medical Attendant.

Address, 228 E. Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Franit 4028

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90329 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mar. 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris Roth

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days*

Color, Wh

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City — Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 71 E Pratt St.

Cause of Death, First (Primary), Spasm of Glottis

Second (Immediate), Apnoea

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 22th 1886

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

E. B. Butler M. D.
Medical Attendant.

Address, 57 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10330 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT RECEIVED MAR 21 1886 BALTIMORE

Date of Death, March 20th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos F. Grant

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months,* 12 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 277 N. Eutaw St

Cause of Death, First (Primary), ...

Second (Immediate), Inanition

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 21st 1886

Undertaker, Wm. Sam'l Gray

Place of Business, 65 Mulberry St *Address,* 262 Eutaw St

R. McHood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90331 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 24 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clinton S. Mettee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 234 East Fayette St

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, 28 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 22

Undertaker, Evans & Spence

Place of Business, 60 E Balto St

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 171 N Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10332 — *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 21 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Eder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Switzerland - Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give Street and Number.} 343 E. Fayette St.

Cause of Death, First (Primary), Renal Fever + Pleurisy

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, March 22nd 86

Undertaker, G. Frano

Place of Business, Frano & Wolfe *Address,* 344 E. Baltimore St.

J. H. Collentine, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 90333 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 20 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 13 *Years,* 5 *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} ✓

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all of life

Place of Death. {Give street and Number.} Boundary near Lark Ave.

Cause of Death, First (Primary). Malaria

Second (Immediate). Typho Malarial fever

Duration of Last Sickness. 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, March 22/86 J. H. Christian M. D.

{*Undertaker* Chas. T. Serrien} Medical Attendant.

{*Place of Business,* 27 N. Eutaw *Address,* 506 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10331 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 21 1886 BALTIMORE

Date of Death, Mch 20 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Gilbert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 6 *Months,* *Days*

Color, wht

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 68 Latrobe st

Cause of Death, First (Primary), capillary bronchitis

Second (Immediate), congestion of lungs

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 21/86

Undertaker, Chas. T. Scriven

Place of Business, 27 N Eutaw

Sam Tamyblin M. D.
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9035 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 20. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Wisler

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 2 N. Washington st.

Cause of Death, First (Primary), Pertussis

Second (Immediate), Meningitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, March 22nd 1886

Undertaker, Dunn & Mitchell

Place of Business, 65 S Broadway

G. G. Link M. D.
Medical Attendant.

Address, Balto & Front sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90336 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 20. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Fowler.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30. *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Labrer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 363 Cross St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 22 1886

Undertaker, Hercules Ross

Place of Business, 95 Central Ave

C. L. Bond M. D.
Medical Attendant.

Address, 177 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 90337

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. REGISTRY BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 20th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeline Bell Mann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 Years, 10 Months, 9 Days

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 41 Division St.

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Harlott Town

Date of Burial, March 22 1886

Undertaker, Alex Hensley

Place of Business, 1161 Orchard

A. J. Bell M. D.
Medical Attendant.

Address, 284 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 90338 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 '86 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 21/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Green

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 19 *Years,* 2 *Months,* 9 *Days*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 11 Jordan alley

Cause of Death, First (Primary), Consumption

Second (Immediate), asthenia

Duration of Last Sickness, about 8 months

All the above information should be furnished by the Physician.

Place of Burial, Harp's Run

Date of Burial, March 22/1886

Undertaker, Alex Hensley

Place of Business, 116 Orchard

Jas. E. Gibbons M. D.
Medical Attendant.

Address, 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90339 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT MAR 23 1886 BALTIMORE MD.

D

CERTIFICATE OF DEATH.

Date of Death, March 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Degnan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* 14 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 5 Little St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 22d 1886

Undertaker, John J. Macher

Place of Business, 150 Camden

A. Howard Hoffman M. D.
Medical Attendant.

Address, 279 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 90349 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 24 '86 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emaline Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78. *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 78. Years

Place of Death, {Give Street and Number.} 100. S. Paca St

Cause of Death, First (Primary), Old age

Second (Immediate), Gen. Prostration

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 23 1886

Undertaker, John J Meaher

Place of Business, 150 Saratoga St

Jno D Blake M. D.
Medical Attendant.

Address, 158 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

... Secretary and to Undertaker of Disease on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90341 *Office of Registrar of Vital Statistics,* Ward 9 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 20 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christian Plutschow

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 80 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Weaver

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baden Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, { Give street and Number. } 20 N. Fremont St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Apoplexy

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 22nd March 86

Undertaker, Wm. Schmeisser

Place of Business, 6 N. Eden St.

Geo. Lowd M. D.,
Medical Attendant.

Address, 98 St Paul St. East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9034 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 22 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Nancy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give Street and Number.} Fremont St.

Cause of Death, First (Primary), Old Age

Second (Immediate), General debility

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 22nd 1886

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Edward [illegible] M. D.
Medical Attendant.

Address, Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRATION OF VITAL STATISTICS.

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HEALTH DEPARTMENT BALTIMORE MD.

Permit No. 93443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas E. Lewis

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 45 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widower~~

Occupation, Architect

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D-C

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} ~~Monument~~ & Barrens

Cause of Death, First (Primary,) ...

Second (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, ~~Holy~~ Cross Cy

Date of Burial, March 2nd

Undertaker, Jas P Byrne

Place of Business, 63 Front

D. P. Hoffman M. D.
Medical Attendant.

Address 279 west Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9034 Office of Registrar of Vital Statistics. Ward 17

HEALTH DEPARTMENT BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David O Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* 10 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Waterman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give Street and Number.} 32 Gittings St

Cause of Death, First (Primary), Hypostasis of Heart

Second (Immediate), Dropsy & Uremia of Days

Duration of Last Sickness, 16 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 23/96

Undertaker, D Hafe

Place of Business, 42 Wash St

Geo Cole M. D.
Medical Attendant.

Address, 1416 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 22 1886 BOARD OF HEALTH

Permit No. 9035 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 21 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Maguire

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 128 West St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemet.

Date of Burial, March 22 "

Undertaker, B. Earle

Place of Business, 82 West st.

Leonard Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9036 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Myrtle Virginia Taylor

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 925 Hanover St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, March 22 "

Undertaker, B. Hearll

Place of Business, 62 West st

C. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90347 *Office of Registrar of Vital Statistics,* Mar 1 86

HEALTH DEPARTMENT, MAR 22 1886, BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Mar 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eddie L. Roberts

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* — *Months,* 9 *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. Co.

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} 414 S. Caroline

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March 22

Undertaker, John E Grace

Place of Business, 142 S Caroline St *Address,* 414 S. Caroline

Geo L Whitten M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9038 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 22 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, John Johnson (Col)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mch 19th 10 am 86

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* ..... *Months,* ..... *Days* ✓

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Butler

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Typhoid Fever 2 months

Second (Immediate), Peritonitis following perforation

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Ec Pub Cemetery

Date of Burial, March 22 1886

Undertaker, M. A. Sisson

Place of Business, Health Dept

Geo Hoff M. D.
Medical Attendant.

Address, City Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 90349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Breglan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 3 *Days.*

Color, Colored *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 141 Chestnut St

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 141 Chestnut St

Cause of Death, First (Primary,) pneumonia

Second (Immediate,) Consumption ~~Font of~~

Duration of Last Sickness, attended it 9 days at office

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 22 1889

Undertaker, W W Madden

Place of Business, 46 East St

Richd Sappington M. D.
Medical Attendant.

Address 132 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90350 *Office of Registrar of Vital Statistics.* Ward 16

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 20. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Cox.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 11 Claret, alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shark & Lemmon

Date of Burial, March 22 86

Undertaker, Geo W Perkins

Place of Business, 221 Hamburg *Address,* 177 Shark St.

C. S. Booze M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 90351 *Office of Registrar of Vital Statistics.* Ward 10 2/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March. 21/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Carter

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* 7 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Child

Occupation, Nurse

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 41 N Eutaw St.

Cause of Death, First, (Primary,) Spina Bifida (Congenital)

Second, (Immediate,) Convulsions &c.

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 22nd /86

Undertaker, M Cadden Son

Place of Business, 22 N Monroe St

H. R. Fetterhoff M. D.,
Medical Attendant.

Address, 227 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20352 *Office of Registrar of Vital Statistics,* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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CERTIFICATE OF DEATH.

Date of Death, March 18th 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Brookens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 1 *Months,* 18 *Days*

Color, Negro

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 45 N. Arlington Ave

Cause of Death, First (Primary), ———

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 22nd 1882

Undertaker, Emmy & Mitchell

Place of Business, 353 W Fayette St

G. Lehman M. D.
Medical Attendant.

Address, 45 N Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90353 *Office of Registrar of Vital Statistics.* Ward 1st

HEALTH DEPARTMENT MAR 24 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Mar 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wisnithafer

Sex, Male or Female, {Cross out the word not required in this line.} Male (Wisnithafer)

Age, ~~22~~ 28 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Cane Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 57 Lazern St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Mch 24th 86

Undertaker, G. Franz

Place of Business, Bank & Wolf *Address,* 28 O Donnell St

J E Prichard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90354 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Newcamp

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 6 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give Street and Number.} E. Monument st nr Patterson Park

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Mch 23rd 86

Undertaker, G. Frazer

Place of Business, Bond & Wolfe Sts

J. G. Daniel M. D.
Medical Attendant.

Address, 325 E. Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90355 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

Bur C

CERTIFICATE OF DEATH.

Date of Death, 22th. March.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Jager

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give Street and Number.} corn. Ann and Lancaster Sts.

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, March 23rd 86

Undertaker, G. France

Place of Business, Bantz & Wolfert's

William Hensel M. D.
Medical Attendant.

Address, S. Wolfert's 117

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90356 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie B. Crook

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give Street and Number.} 30 S. Stricker

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, One year or more

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 23

Undertaker, Joseph B. Crook

Place of Business, 707 W Baltimore *Address,*

Jas. G. Leitham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90357 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch. 22th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Map.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give Street and Number.} 82 Raborg st.

Cause of Death, First (Primary), Pneumonitis (Croupous).

Second (Immediate),

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, Mch 22 1886

Jas. E. Hutchins, M. D.

Medical Attendant.

Undertaker, Wm. Howard

Place of Business, 16 Mr. Hope

Address, Forsythe & Pacaits.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90358 *Office of Registrar of Vital Statistics.* Ward 20th

HEALTH DEPARTMENT MAR 23 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Young.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days*

Color, "Colored"

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give Street and Number.} 13 L. Calhoun St.

Cause of Death, First (Primary), Prolapsus ani

Second (Immediate), Exhaustion.

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 22/86

Undertaker, Alex Hemsley

Place of Business, 116 Orchard Address,

J. Ricker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90359 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 22 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 20 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret L. Kraus

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 393 W Fayette St

Cause of Death, First (Primary),

Second (Immediate), Pleuro Pneumonia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 22nd 1886

Undertaker, Chas T Scriven

Place of Business, 2711 Eutaw St

Wm Gordon C Fisher M. D.
Medical Attendant.

Address. 460 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90360 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED MAR 20 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 9 50 a. m. March 20. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Scotland

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, About 75 *Years,* *Months,* *Days*

Color, Black

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washerwoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Chestertown Md.

Duration of Residence in the City of Baltimore, 60 yrs.

Place of Death, {Give Street and Number.} 4 Waters Ct. nr Biddle St.

Cause of Death, First (Primary),

Second (Immediate), General Debility

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 22nd 1886

Undertaker, H. Ox. Bishop

Place of Business, 97 Druid Hill Ave

Geo. C. Shannon M. D.
Medical Attendant.

Address, 167 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 90361 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE MAR 22 1886 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, March 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. Evans

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days*

Color, W.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 92 Block St.

Cause of Death, First (Primary), Heart disease (Mitral Stenosis)

Second (Immediate), Child birth

Duration of Last Sickness, about 6 years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemtry.

Date of Burial, March 23th 1886

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Ann.

Jno. S. Lynch M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9062 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CHARITY DEPARTMENT
MAR 22 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 20. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry F. Constantine

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Contractor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 12 Tillamount Ave.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Of Long Time

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Yard

Date of Burial, March 23. '86 G. G. Kirk M. D.

Medical Attendant.

Undertaker, C. M. Dauzat Jr. M. A. Dauzat Atty.

Place of Business, 74 S. Bway *Address,* Balt. & Frank. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90363 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Mch 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Gallagher

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 23 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 111 Albemarle st.

Cause of Death, First (Primary), Albuminuria

Second (Immediate),

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 23rd 1886

Undertaker, James O Byrne

Place of Business, No 63 N Front St

P. S. Dausch M. D.
Medical Attendant.

Address, 225 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90364 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 22 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, March 21st, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph Gerbel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Bookkeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 8 Years

Place of Death, {Give Street and Number.} East St. & Tobacco Factory (Bamgt)

Cause of Death, First (Primary), Suicide - By Pistol Shot

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 23rd.

Undertaker, F. M. Ioell. *M. D.*

Medical Attendant.

Place of Business, 131 Hanover *Address,* Lee & Sharp Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90865 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 22 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Mch. 21 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle La Rue

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Child

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 36 N Grud St.

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), Failure of Heart

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 23. 86

Undertaker, John Lake

Place of Business, 201 Balto St *Address,* 180 Eutaw St.

F. J. Moyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20366 *Office of Registrar of Vital Statistics.* Ward 3 11

HEALTH DEPARTMENT MAR 22 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie C. Baade

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 83 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Europe

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give Street and Number.} *35 N Bond St.

Cause of Death, First (Primary), General Debility

Second (Immediate), Exhaustion

Duration of Last Sickness, Two (2) Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 23rd 1886

Undertaker, Fred. Gaede

Place of Business, 29 S. Caroline

Geo. L. Gilljacks M. D.
Medical Attendant.

Address, 35 N. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9036 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 22 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie E. Lewis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 120 N. Eden St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 22nd 1886

Undertaker, Fred. Gaede

Place of Business, 29 S. Caroline *Address,* 101 N. Eden St

Geo. B. Rayner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20368 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 22 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Killman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 295 S. Bond St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, March 23 1886

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave *Address,* 243 Aliceanna St.

John H. Rehburger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 90369 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE MAR 22 1886 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, March 22 - 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Miller

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 8 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 37 E. Pratt St.

Cause of Death, First, (Primary,) Broncho Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Russian Cemetery

Date of Burial. March 22

Undertaker, G. Theus

Place of Business, 2 E. High St

Alfred Steckenrath M. D., Medical Attendant.

Address, 1½ S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 90370 — *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 22 1888 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank & Carrie Hizer

Sex. Male or Female, {Cross out the word not required in this line.} Parents

Age, — *Years,* — *Months,* 1/24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 657 N. Lexington

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 657 N. Lexington

Cause of Death, First (Primary), Premature Birth (7 months)

Second (Immediate),

Duration of Last Sickness, Since was born.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 22nd 1888

Truman T Hill M. D. Medical Attendant.

Undertaker, Emory & McDonnell

Place of Business, 550 W Fayette St *Address,* 17 N. Calhoun st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 90371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Frieland.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 44 yrs.

Place of Death, {Give street and number} 164 N. Carrollton av

Cause of Death, First, (Primary,) Intussesception of the bowels—

Second, (Immediate,) Collapse from operation to relieve

Duration of last Sickness, one week—

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 23/86

Undertaker, Denny & Mitchell

Place of Business, 55 W Fayette

J. J. King M. D.
Medical Attendant.

Address, 215 N. Carrollton a

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90372 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAR 23 1899 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 22 99

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hamlin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* X *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Hotel Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Mifflin Co. Pennsylvania

Duration of Residence in the City of Baltimore, 30 & Months

Place of Death, {Give Street and Number.} 1 Winder St

Cause of Death, First (Primary), Malignant Disease of Rectum

Second (Immediate), Exhaustion

Duration of Last Sickness, Some Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Mch 23/99

Undertaker, J. B. Cook

Place of Business, 707 E. Balto St *Address,* 55 N Grove St

C. F. Kerl M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20373 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1886 BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, March 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma E. York

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 211 N Pratt St

Cause of Death, First (Primary),

Second (Immediate), Puerperal Fever

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 23

Undertaker, Jos H B Cook

Place of Business, 707 W Baltimore *Address,* 460 Hanover St

by Thos Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9037 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE MAR 23 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

D

Date of Death, March 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Dunn

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} #86 Chestnut St.

Cause of Death, First (Primary), Cancer of the Breast

Second (Immediate), Exhaustion

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Mar 23d 1886

Undertaker, Jas P Byrne

Place of Business, Fruitland

J. C. Hoffman M. D.
Medical Attendant.

Address, 346 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90375 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 23 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 22, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas A Madden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 69 Lemmon St

Cause of Death, First (Primary), Congestion of brain

Second (Immediate), ~~Hemorrhage~~

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Thorpe's Cemetery

Date of Burial, March 23 1886

Undertaker, William A Dunn

Place of Business, 62 E Pratt St

James Bailey M. D.
Medical Attendant.

Address, 329 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 90376 *Office of Registrar of Vital Statistics.* Ward 5-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 23 1886 BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, March 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* — *Months,* — *Days*

Color, Brown Skin

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, Midwife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore, Thirty three Years

Place of Death, {Give Street and Number.} No 18 Shroll Street

Cause of Death, First (Primary), General Debility. Old Age

Second (Immediate), Exhaustion

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury M.E. Cemetery

Date of Burial, March 23 1886

Undertaker, William Dorsey

Place of Business, 62 East St

Whitfield Winsey M. D.
Medical Attendant.

Address, 116 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10377 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 23 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents:} Caroline Campbell Peter Campbell & Parents Name

~~*Sex,*~~ ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ ~~*Months,*~~ 16 *Days*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md. 65 Foster alley

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 65 Foster alley

Cause of Death, First (Primary), Marasmus

Seeond (Immediate), Lyncope

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Marys Co

Date of Burial, March 26 1886

Undertaker, Morgan & Pyle

Place of Business, 9 Mulberry St *Address,* Cor Linden Ave Hoffman St

H. E Gale M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Franit 4099

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10378 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 23 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 22 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Buchner.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Labor.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give Street and Number.} # 12 Patterson Lane

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 8 - Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 23th 1886

Undertaker, A. Rohde

Place of Business, 78 Penna avenue

A A Power M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 91379 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1896 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, March 21 St (May 8 96)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Fredrick Achey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Mass.

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} 35- Edmondson ave

Cause of Death, First (Primary), Heart disease

Second (Immediate), acute congestion of lungs

Duration of Last Sickness, only 2 days a few minutes in last spell

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 26th 1896

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont

H H Hill M. D.
Medical Attendant.

Address, 77 E Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...this Certificate.

Health Department, City of Baltimore.

Permit No. 90380 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 23 1886

20

CERTIFICATE OF DEATH.

Date of Death, Mar. 22nd '86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ira. Clifford Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* 1 *Months,* 10 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 3 Augusta Ave

Cause of Death, First (Primary), Intestinal Constriction with

Second (Immediate), Visceral peritonitis mostly

Duration of Last Sickness, about one month small intervening

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 24/

Undertaker, Evans & Spence

Place of Business, 60 E Balto St

John B. Hemmeter M. D.
Medical Attendant.

Address, S. W. Calvert & Read

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9038 1 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mahoney

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington, DC

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} 295 Argyle ave

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 24. 1886

Undertaker, Martin Fahey

Place of Business, 128 Townsend. *Address,* 92 Woodyer St

C. Faucett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 90384 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 23 1886
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 23rd. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} no name C. H. Mettee + C. F. Mettee

~~Sex, Male or Female,~~ {Cross out the word not required in this line.} Male

Age, ~~Years,~~ About 17 hours. *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, City 7 ds.

Place of Death, {Give street and Number.} No. 70 Biddle St.

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) Exhaustion

Duration of Last Sickness, from time of Birth.

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, March 23rd 86

Undertaker, M. A. Sisson

Place of Business, Health Office

J. E. Heard M. D., Medical Attendant.

Address, 376 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 90383 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 25 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 24 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry P. Conklin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* 2 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N. Y. City

Duration of Residence in the City of Baltimore, 11 yrs.

Place of Death, {Give Street and Number.} No. 400 Madison Ave.

Cause of Death, First (Primary), Poisoned by Morphia, accidentally administered by his own hand

Second (Immediate),

Duration of Last Sickness, 10 - 11 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, March 23d 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave & Boundary & Mt Royal ave

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Central District.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90384 *Office of Registrar of Vital Statistics.* Ward 4th

REGISTRAR'S OFFICE MAY 13 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrich Sparkuhl

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* 9 *Months,* — *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} ~~Married, Single, Widow or~~ Widower

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} 47 Granby st.

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, March 24th

Undertaker, A. Miller

Place of Business, 86 N. Paca St.

O. L. Baddenhurst M. D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90385 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

68

CERTIFICATE OF DEATH.

Date of Death, March 22d, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Charles Suess

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Sixty Six *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Printer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Sixty Eight Years

Place of Death, {Give Street and Number.} No 107 Sisquith Street

Cause of Death, First (Primary), —

Second (Immediate), Apoplexy

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemty

Date of Burial, March 24/86

Undertaker, H. Weeck

Place of Business,

Wm. C. Cleaveland, M. D.
Medical Attendant.

Address. No. 101 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90386 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, ~~Dec~~ March 22/1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} D. E. Lord

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Forty three *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Norfolk

Duration of Residence in the City of Baltimore, about fifteen years

Place of Death, {Give Street and Number.} 481 Fremont St

Cause of Death, First (Primary), Acute Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, about One month

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, Mar 23

Undertaker, C H Blizzard

Place of Business, 201 Penn ave

A. G. Lobb M. D.
Medical Attendant.

Address, 594 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4100 Transcript

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90387 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 25 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Lunhardt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Wheelright

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} No. 16 Keyser St

Cause of Death, First (Primary), Frequent colds

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, about a month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 24th 1886

Undertaker, John Fake

Place of Business, 201 E Balt. St

Milton N. Taylor M. D.
Medical Attendant.

Address, 138 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90388 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 23 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 21st. March. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Nun

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Twenty Eight (28) *Years,* *Months,* *Days*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Born in the State of Ohio.

Duration of Residence in the City of Baltimore, about Twenty (20) Years.

Place of Death, {Give Street and Number.} No 272 Franklin St. Balto.

Cause of Death, First (Primary), Tuberculosis.

Second (Immediate), Pulmonary Tuberculosis (Consumption)

Duration of Last Sickness, about Two Years.

All the above information should be furnished by the Physician.

Place of Burial, Fells Point Hebrew Cemetery

Date of Burial, March 23rd 1886

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry *Address,* 47 Franklin St.

David Ivan Bibbins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90389 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED MAR 23 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 21 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F Pancoast

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, / *Years,* / *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 463 Fifth St

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Elder Hill Cemetery

Date of Burial, March 23

Undertaker, Michael Doyle

Place of Business, 200 S Charles St

Thomas Cook M. D.
Medical Attendant.

Address, 463 Fifth St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90390 *Office of Registrar of Vital Statistics.* Ward 19 2

HEALTH DEPARTMENT
MAR 23 1886
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Jacobi

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43 Yrs

Place of Death, {Give Street and Number.} 911 N. Baltimore St

Cause of Death, First (Primary), Cancer Uteri

Second (Immediate),

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mch. 23/86

Undertaker, J. B. Cook

Place of Business, 7 & 9 N. Calvert St *Address,* 911 N. Baltimore St

(Signed) H. Hilkemeier M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20391 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 23 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Mar. 21, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Parker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 20 Sarah, near Pratt

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, March 23 1886

Undertaker, Alex. Hensley

Place of Business, 116 Orchard St

Geo. A. Fleming M. D.
Medical Attendant.

Address, Franklin & Greene

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90592 *Office of Registrar of Vital Statistics.* Ward 4

HEALTH DEPARTMENT MAR 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wollenweber

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* 10 *Months,* 28 *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Owner of Wagons

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give Street and Number.} 40 Granby St

Cause of Death, First (Primary), General Debility

Second (Immediate),

Duration of Last Sickness, Six or Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 25th March

Undertaker, Walter Tunnel

Place of Business, 315 N. Biddle St.

D W Cathell M. D.
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90393 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT 23 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 23d March. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Elizabeth Grabb.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty four (64) *Years,* *Months,* *Days*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lancaster County Penna.

Duration of Residence in the City of Baltimore, About twenty six 26. Years.

Place of Death, {Give Street and Number.} No 14 Etting Street. Baltimore.

Cause of Death, First (Primary), Disease of the heart. and pericardium.

Second (Immediate), Serous effusion into pericardium.

Duration of Last Sickness, about a month.

All the above information should be furnished by the Physician.

Place of Burial, Lancaster Pa.

Date of Burial, March 25/86

Undertaker, Chas T Schwein

Place of Business, 21 N Eutaw

W. C. van Bibber. M. D.
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

410 E Fairmount

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9039 — Office of Registrar of Vital Statistics. Ward 7th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Corinne Jenkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* Two (2) *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 255½ Hanford Ave

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 24th

Undertaker, Geo. Schilling

Place of Business, Ashland & Lynn

L. E. Shuler M. D.
Medical Attendant.

Address, 255 Hanford Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90395 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 23 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Mch 21 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice B. Ockeny

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B Va

Duration of Residence in the City of Baltimore, 15 Yrs.

Place of Death, {Give Street and Number.} 8 Bolton st.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Paralysis of heart

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 23 1886

Undertaker, G W Chase

Place of Business, 172 Howard st

Rich. P. Ellis M. D.

Medical Attendant

Address, 710 Gene

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the accompanying Rules, and to Rule [illegible] on this Certificate

Board of Health, City of Baltimore,

Permit No. 90396 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 24 1886 BALTIMORE MD

Date of Death, March 22nd -- 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Corish

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 11 *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dalis Street Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No. 10 Herrins Court

Cause of Death, First (Primary), Unknown

Second (Immediate), Congestion of Brain

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March 24th

Undertaker John E. Grace

Place of Business, 142 Caroline St *Address,*

H. C. Hull M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90357

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 24 1880 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Brady

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Don't know

Place of Death, {Give Street and Number.} Mst. Cillis Sisters of the Poor

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cimetery

Date of Burial, March 24/80

Undertaker, Wm. Bloodsamp Jr

Place of Business, E. Fombord St *Address,*

Jno Burke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 90398 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 24 1886 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* ~ *Months,* ~ *Days,*

Color, Dark ~ Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Schoolgirl

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} No. 11 Pear Alley

Cause of Death, First (Primary), Probably Spinal Disease & Chronic Diarrhoea

Second (Immediate), Asthenia.

Duration of Last Sickness, About four months

All the above information should be furnished by the Physician.

(over)

Place of Burial, Aquila Cemetery

Date of Burial, March 24 1886

Undertaker H. Roy

Place of Business, 95 Hanover [illegible] Eugene F. Cordell M. D. ~~Medical Attendant~~

Address, 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No: 90399

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 24 1886 BALTIMORE MD.

Date of Death, March 22. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Chase

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 18 Years, Months, Days.

Color, ad

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Porter at College

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 36 Druid Hill av

Cause of Death, First, (Primary,) Lung Cold

Second, (Immediate,) Pulmonary Consumption

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 24 1886

Undertaker, Hercules Bros

Place of Business, 95 Eastern Ave

W. Hammond M. D.
Medical Attendant.

Address. 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90460 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 24 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 22 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorsey Crosby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, all of life -

Place of Death, {Give Street and Number.} 68 Stockholm St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 24 86

Undertaker, Hercules Boaz

Place of Business, 95 Eastaugh St *Address,* 177 Sharp St

H. S. Boaz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 90401

Office of Registrar of Vital Statistics.

18 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 24 1886 BALTIMORE MD.

Date of Death, March 22d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael R. Miles

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Frederick Co. Maryland

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, {Give street and number.} N 116 S. Stricker St.

Cause of Death, First, (Primary.) Chronic Nephritis

Second, (Immediate.) Pneumonic Congestion

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 24

Undertaker, Joseph R Cook

Place of Business, 707 W Baltimore

Samuel Smulaga M.D.,
Medical Attendant.

Address, N 116 S Pacas St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90402 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 24 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 23 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Hegan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 200 Canton ave

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial March 24th 1886

Undertaker Warren & Tippitt

Place of Business, *Address,* Canton & R

James A Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

David A Cleland
Sanitary Inspector

The Special Attention of Physicians is respectfully invited to the remarks below, and to the use of Diseases on this Certificate.

Health Department, City of Baltimore.

Permit No. 90403 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled up*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 24 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Sewell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* 9 *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 37 Harlem Avenue

Cause of Death, First (Primary), Heart disease

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 24th 1886

Undertaker, John S. Mercher

Place of Business, 151 Camden St

E. P. Owens M. D.
Medical Attendant.

Address, 375 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90404 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ~~before~~, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, MAR 24 1886 BALTIMORE, MD.

Date of Death, March 23d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Mar 24th

Undertaker, H. C. Windsfeld

Place of Business, 90 Greenmount Ave

E Van Hook M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90405 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 24 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 22 March 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Xaver Koehler

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 68 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widower

Occupation, Tin smith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 36 years in U. S.

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} 135 W. Fayette Street

Cause of Death, First (Primary), Asthma & Pneumonia

Second (Immediate), Weakness

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 25th of March 86

Undertaker, Stewart & Mowen

Place of Business, 35 Park Avenue

L. F. Reinhardt M. D.
Medical Attendant.

Address, 211 N. Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 96406 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 24 1896 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, March 23, 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Crandall

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* 9 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Barber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 211 Fred'k Rd.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Mar 25/96

Undertaker, John P. Paulus

Place of Business, 66 Frederick Ave

Jno B. Whitelum M. D.
Medical Attendant.

Address, 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 90407 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 24 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barsheba E. Lucas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 8 or 9 years

Place of Death, {Give street and Number.} 65 Druid Hill Avenue

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Anemia - Exhaustion

Duration of Last Sickness, About 2 7 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Mar. 25th 1886

Undertaker Wm Weaver

Place of Business, 1202 N. Eutaw

H Brewer M. D.
Medical Attendant.

Address, 65 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...ate Certificate.

Board of Health, City of Baltimore,

Permit No. 90408 *Office of Registrar of Vital Statistics.* Ward 12 of

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 24 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca H. Tyson

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, Housekeeper.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and Number.} 170 Linden Avenue.

Cause of Death, First, (Primary,) Acute Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 4 Months

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 25th 1888

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St. Address, 306 Madison Avenue.

Wm. Riley M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90409 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 24 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bell Sr

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* ——— *Months,* ——— *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, - - - -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} 718 N Caroline St

Cause of Death, First (Primary), Senility

Second (Immediate), - - - -

Duration of Last Sickness, - - - -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 27th 1886

Undertaker, Peter Frey

Place of Business, 91 Eutaw

Wm Schaub M. D.
Medical Attendant.

Address, 1 E Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90410 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 24 1886 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 23,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas [illegible]

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 65 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give Street and Number.} 3 Kings Court.

Cause of Death, First (Primary), Heart Disease, Mitral Regurgitation

Second (Immediate),

Duration of Last Sickness, Four mos.

All the above information should be furnished by the Physician.

Place of Burial, W. Balto Cemetery

Date of Burial, March 24th/86

Undertaker, F. A. Kerchner

Place of Business, Health office *Address,* Balto 2nd. Disp.

M. Warfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9011 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, March 23d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Schuh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Infirmarian at Loyola College

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Over 20 years

Place of Death, {Give Street and Number.} Loyola College, Loc. at 4 Madison St.

Cause of Death, First (Primary), Congestion of the Brain

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Woodstock Howard Co

Date of Burial, Mch 25th 1886

Undertaker, H. W. JENKINS & SONS

UNDERTAKERS

Place of Business, Park & Saratoga Sts.

John Morris M. D.

Medical Attendant.

Address, 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4103 Fremont

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9041/2 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED
MAR 24 1881
BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Mc arely 22nd.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorenzo Mayo

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailor.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give Street and Number.} 162 Henrietta St.

Cause of Death, First (Primary),

Second (Immediate), Acute Miliary Tuberculosis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Old Hoffman Cemetery Lafayette Ave

Date of Burial, 24 March 1881

Undertaker, Geo W Perkins

Place of Business, 221 Hanover

R. M. Heath *M. D.*
Medical Attendant.

Address, 262 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

410 Travers

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

MAR 24 12

Health Department, City of Baltimore.

Permit No. 90413 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, Monday 22 March 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Warren

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 68 *Years,* — *Months,* — *Days*

Color, Colored

Married, ~~*Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Midwife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Queen Annes Co Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 258 Raborg St.

Cause of Death, First (Primary), Cancer of Liver

Second (Immediate),

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Shorpest cemetery

Date of Burial, March 25 1886

Undertaker, Wm H Dunger

Place of Business, 62 East St

L. Norris M. D.

Medical Attendant.

Address, 538 Washington

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 9044 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 24 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 9/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Richardson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* ——— *Months,* ——— *Days,*

Color, C

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 23 Neighbor st

Cause of Death, First (Primary), cancer of intestine

Second (Immediate)

Duration of Last Sickness, 4 mos 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, March 24/1886

Undertaker Wilson & Dunger

Place of Business, 1 E Cat St

F A Warner M. D.
Medical Attendant.

Address, 93 Valley n

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9045 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH BOARD MAR 24 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar. 22. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milbot Monroe Sharpe.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* Ten *Months,* —— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 47 Bruce st —

Duration of Residence in the City of Baltimore, Lifetime —

Place of Death, {Give Street and Number.} 193 Vincent al.

Cause of Death, First (Primary), Catarrhal fever - which produces

Second (Immediate), Gastro - Enteritis with diarrhoea - as far as I could ascertain in one visit -

Duration of Last Sickness, Three days —

All the above information should be furnished by the Physician.

Place of Burial, Sharpe's cemetery

Date of Burial, March 24 1886

Undertaker, Williams & Jones

Place of Business, 62 East st

E. H. Holbrook M. D.
Medical Attendant.

Address, 185 N. Bond st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9046 *Office of Registrar of Vital Statistics.* Ward 12 C1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1886 BALTIMORE, MD

CERTIFICATE OF DEATH

Date of Death, March 23 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winifred Agnes Barnes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 4 Months. Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 464 Orleans st

Cause of Death, First (Primary), Suddenly

Second (Immediate), Convulsions

Duration of Last Sickness, About three hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 24/86

Undertaker, Chas. L. Scriven

Place of Business, 271 N. Eutaw

W. A. Jones M. D.

Medical ~~Attendant~~. Coroner

Address, 322 Hollins st City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90417 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 24 18[illegible] BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Mch. 23 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel D. Manahan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days*

Color, Whit

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 43 Cutn Mkt. apsa

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, March 24th 1886

Undertaker, Henry H. Mears

Place of Business, #32 W. Fayette St *Address,* [illegible]

F. F. Moyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90418 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 21 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Supposed to have been about December 1

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Supposed Color 30 *Years,* 4 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Supposed to be a Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give Street and Number.} County Wharf foot of Broadway

Cause of Death, First (Primary), Supposed to be accidental drowning

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, March 24th 1886

Undertaker, W. A. Sisson

Place of Business, Health Office *Address,* 101 S. Broadway

E. Hall Rustin M. D.
Medical Attendant.
Coron

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9[illegible]19 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Forty Four (44) *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifteen days (15)

Place of Death, {Give Street and Number.} St. Joseph's Hospital

Cause of Death, First (Primary), Pneumonia - (Lobar)

Second (Immediate), Apnoea

Duration of Last Sickness, Eighteen (18) Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 24th

Undertaker, M. A. Leeson

Place of Business, City Hall

F. W. Mead M. D.

Medical Attendant. P

Address, U.S. M.H. Service - Custom House

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90420 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Connolly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 23 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, His life time

Place of Death, {Give Street and Number.} 94 Clarke St

Cause of Death, First (Primary), Scarlet

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, 32 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 25

Undertaker, Michael Doyle

Place of Business, 200 E Charles St

Thos Gordon Forte M. D.
Medical Attendant.

Address, 114 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9042 / *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Manuel Jefferson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* *Days*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Her 2. Broadway Alley

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Acute Meningitis

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, March 25th 1886

Undertaker, Chas. E Butler

Place of Business, 132 N Caroline

Wm. L. Rund M. D.
Medical Attendant.

Address, 238 h Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90242 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, March 24th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Henry Bowes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, [illegible] *Years,* 11 *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 943 W. Pratt st.

Cause of Death,
First (Primary), Pneumonia
Second (Immediate), Adynamia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 26th

Undertaker, John P. Paulus

Place of Business, 66 Frederick Ave

C. Homer Hoffman M. D.
Medical Attendant.

Address, 279 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 25 1886 BALTIMORE MD.

Permit No. 90423 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 23 March, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henriette Davage

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 14 *Days*

Color, Blk. ✓

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New Orleans

Duration of Residence in the City of Baltimore, 10 Months

Place of Death, {Give Street and Number.} 33 Vincent Alley

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), ~~One week~~

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem.

Date of Burial, March 25th 1886

Undertaker, Wm James Gray

Place of Business, 65 Mulberry

J Jno Hood M. D.
Medical Attendant.

Address, 594 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90424 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 22nd.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Bias

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Trader

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 277 N. Bradford st

Cause of Death, First (Primary),

Second (Immediate), Brights Disease

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 25th

Undertaker, W. J. Gray

Place of Business, 60 Mulberry St *Address,* 262 Lombard

R. M. Hall *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90425 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 25 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Stanley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 8 Maccubbin St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial, March 25 1886

Undertaker, William Lange

Place of Business, 62 East St

Wm H. Hill M. D.
Medical Attendant.

Address, 196 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 90426 *Office of Registrar of Vital Statistics.* Ward 14 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. MAR 25 1886

07

CERTIFICATE OF DEATH.

Date of Death, Mch 24th - 86 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cole

Sex, Male or Female. {Cross out the word not required in this line.}

Age, Years, 1 8 Months, Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——— ✓

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va "

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give Street and Number.} Childs N Hospital

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mar 25

Undertaker, G W Bland

Place of Business, 201 E Balt

F. M. Hindley M. D.
Medical Attendant.

Address, 22 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90427 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1896 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar. 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Goldman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, Colored

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Essex Co. Va.

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give Street and Number.} 7 Watkins St.

Cause of Death, First (Primary),

Second (Immediate), Paralysis.

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemy

Date of Burial, March 25th 96

Undertaker, F. A. Kerchner

Place of Business, Health Dept *Address,* 262 Sharp st.

R. McHaee *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90428 *Office of Registrar of Vital Statistics.* Ward 9 1/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

74

Date of Death, March 24th 1886 Age-86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas A Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Stevedore

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland - St Marys Co

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Bright Dis Kidney (Contracted)

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 25 86

Undertaker, Wm S Fry

Place of Business, 87 N Broadway

E Jan Hood M. D.
Medical Attendant.

Address, City Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90429

Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Kelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 10 Jefferson st. near Bank st.

Cause of Death, First (Primary), Injury to Brain from a fall on the head.

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Mch 25th 1886

Undertaker, Henry Hasack

Place of Business, W. Central *Address,* 283 N. Eden st.

E. B. Fenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 25 1886 BALTIMORE MD.

Permit No. 90430 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, March 23 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Müller

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, Washerwoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prussia, Germany

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give Street and Number.} 119 So. Durham St

Cause of Death, First (Primary), Acute nephritis

Second (Immediate), Paralysis. —

Duration of Last Sickness, 3 weeks (about)

All the above Information should be furnished by the Physician.

Place of Burial, 1th German United Cemetery.

Date of Burial, March 25th 1886

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann St. *Address,* 96 So. Ann St.

A. V. Gouvieles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90431 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Ridgely Enos

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 12. *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} 385 McHenry St.

Cause of Death, First (Primary), Premature birth

Second (Immediate), Inanition

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 26th 86

Undertaker, S. McLeonard & Son

Place of Business, 752 W Balto

L. R. Wilson M. D.
Medical Attendant.

Address, 837 W. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on the Reverse of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90432 *Office of Registrar of Vital Statistics.* Ward 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CHARITY HOSPITAL
MAR 26 1886
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Beesler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baden Germany

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and Number.} 30 Biddle alley

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 26, 1886.

Undertaker, Philipp F. Dill

Place of Business, 183. Columbia Ave.

C Winslow M. D.,
Medical Attendant.

Address, 23 W Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90433 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Wilhemina Illich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Fifty Two (52) *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifty two (52) years

Place of Death, {Give Street and Number.} No. 133 Jefferson St. cor. Bethel Co.

Cause of Death, First (Primary), —

Second (Immediate), Consumption

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolton Comby

Date of Burial, March 27/86

Undertaker, Henry Hofmann

Place of Business,

Wm. C. Cudlipp, M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9043

Office of Registrar of Vital Statistics. Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Otto

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 30 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 83 N. Washington St.

Cause of Death, First (Primary), Decline of Physical Powers

Second (Immediate),

Duration of Last Sickness, "

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, March 26 86

Undertaker, W Holtkamp Jr

Place of Business, 253 E. Lombard St

John F. Leonard M. D.
Medical Attendant.

Address, S. W. Calvert & Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ~~Back of~~ this Certificate.

Health Department, City of Baltimore.

Permit No. 90433 — *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT REGISTERED BALTIMORE, MD.

CERTIFICATE OF DEATH.

a

Date of Death, March 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Wolf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty-nine *Years,* Eleven *Months,* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give Street and Number.} 64 Candler St

Cause of Death, First (Primary), Hemiplegia (left side)

Second (Immediate), Coma

Duration of Last Sickness, Four days

All the above Information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, March 26th

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

De Lancey A. Barclay M. D.
Medical Attendant.

Address, 33 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 25 1886 BALTIMORE

Permit No. 90436 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, March 24 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion Tibbs

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* — *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 1 Bowers Ct

Cause of Death, First (Primary),

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 25 1886 | Thomas Lee Jr. M. D. Medical Attendant.

Undertaker, Hercules Dean | *Place of Business,* 95 Eastern Ave & *Address,* 1110 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 90437. *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mar 24 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann R. Williams

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* 5 *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and Number.} 364 Myrtle Ave.

Cause of Death, First (Primary), General debility

Second (Immediate), "

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Western cemetry

Date of Burial, March 26 1886

Undertaker Martin Fahey

Place of Business, 128 Townsend

W. W. Christian M. D.
Medical Attendant.

Address, 506 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

12

Permit No. 90438

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 25 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25th March 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lama Thomas.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 ——— *Years,* ——— *Months,* ——— *Days.*

Color, Col'd ——— *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co., Maryland.

Duration of Residence in the City of Baltimore, 15 Years.

Place of Death, {Give street and number.} 29 Mason Alley.

Cause of Death, First (Primary,) Consumption.

Second (Immediate,)

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Sykesville Carroll Co

Date of Burial, March 25th 1886

Undertaker, Alex Hensley

Place of Business, 116 Orchard St

Geo. J. Collins, *M. D.*
Medical Attendant.

Address 80 N. John St. Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 90439 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodor Ernst Guenter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* 9 *Months,* 10 *Days*

Color, White

Married, ~~Single, Widowed, Widower.~~ {Cross out the words not required in this line.}

Occupation, Wheel-wright.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} 353 Sharp-Str.

Cause of Death, First (Primary), Malarial-fever

Second (Immediate), Brights disease

Duration of Last Sickness, four months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 26th 1886

Undertaker, Julius Koehler

Place of Business, Sharp & Cross's *Address,* 119 Hanover Str.

J. A. Boehm M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 90440 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* ..... *Months,* ..... *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, Wid

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give Street and Number.} 9a Exeter bet

Cause of Death, First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, March 26/1886

E Brinkin M. D.
Medical Attendant.

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry, *Address,* 9a Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90441 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Bruldin

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 2 *Months,* 6 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 72 Rose Street

Cause of Death, First (Primary), Indigestion

Second (Immediate),

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 26 86

Undertaker, Peter Watchman

Place of Business, 244 E Fayette *Address,* 101

C A Fuchs M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9044 E *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M Lauer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 56 Pine St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Pneumonia

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 26 / 88

Undertaker, A Rosenberger

Place of Business, 70 Mulberry St

W P Morgan M. D.
Medical Attendant.

Address, 119 W Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90443 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Mch. 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Sirata.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 43 *Years,* 8 *Months,* 3 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 65 Cumberland St

Cause of Death, First (Primary), Diabetis Mellitis

Second (Immediate), Enhanstin

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, New. Cathedral

Date of Burial, March 26th 8 Clock a.m

Undertaker, J. E. Hough

Place of Business, Penn ave *Address,*

J. Ricker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9464 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 25 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William M. Horn

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.} S

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 108 Eden Street

Cause of Death, First (Primary), Indigestion

Second (Immediate), Hydrocephalus acute

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Emmanuels Cemetery

Date of Burial, March 25th

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline

E Hall Reese M. D.
Medical Attendant.

Address, 10 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 90145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry W. Ihde

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 67 *Years,* 8 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Retired Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number} 109 E. Biddle

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) 10 days

Duration of last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, 26th of March

Undertaker, Fred. W. Gaede

Place of Business, 429 N. Caroline *Address,*

O. W. Chew *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90454 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT MAR 25 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. F. & Jennie Armstrong

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months,* 4 hours ~~Days~~

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} " Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 288 Jefferson st.

Cause of Death, First (Primary), Cyanosis

Second (Immediate), ...

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 26 1886

Undertaker, John Herwig

Place of Business, 382 Orleans St

H. Dausch M. D.
Medical Attendant.

Address, 325 E. Balto. st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90447 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch. 25 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentine W. Cooke.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} "

Age, ... *Years,* White / *Months,* 11 / *Days.*

Color, ...

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ...

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give Street and Number.} 60 E St, 4 doors from Gilmor (W)

Cause of Death, First (Primary), Cerebro Pneumonia

Second (Immediate), Suppression

Duration of Last Sickness, 9 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 26/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 837 W. Pratt St.

J. R. Wilson M. D.

Medical Attendant.

...ct from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of ... who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ... after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ...ertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90448 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 25/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Wise

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* —— *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 5. B.

Place of Death, {Give Street and Number.} 49. S. Pitts. St.

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia.

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, [redacted]

Undertaker, Martin Foley

Place of Business, [redacted]

Jno L. Blume M. D.
Medical Attendant.

Address, 158. S. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, [illegible] this Certificate.

Health Department, City of Baltimore.

Permit No. 90449 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Horney

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 75 *Years,* 6 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 64 years

Place of Death, {Give Street and Number.} 508 W. Lombard st

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Paralysis General

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Bladens Burg Prince Georges Co Md

Date of Burial, March 26

Undertaker, Jos H B Cook

Place of Business, 707 W Baltimore st

P. V. Benson M. D.
Medical Attendant.

Address, 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4108 Fawcett

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90450 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Theresa Curran

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 5 *Months.* 10 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 5 Hunter's alley

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate),

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 27/1886

J. E. Hitchcock M. D.
Medical Attendant.

Undertaker, J. J. Andrew

Place of Business, Druid Hill Ave *Address,* 19 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90451 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 18 *Years,* 9 *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 68 Chestnut St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 26 1886

Undertaker, William A Bruce

Place of Business, 62 East St

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91432 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hornung.

~~Sex~~, *Male or ~~Female~~,* {Cross out the word not required in this line.} Male

Age, Forty Five (45) *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany - 11 3½ yrs.

Duration of Residence in the City of Baltimore, 3yrs Thirteen

Place of Death, {Give Street and Number.} St. Joseph's Hospital

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Apnoea

Duration of Last Sickness, Eight Days - 8 Days

All the above information should be furnished by the Physician.

Place of Burial, ~~Sweet Olive~~ Most Holy Redeemer

Date of Burial, March 27th

Undertaker, Andrew Finell

Place of Business, 206 Baltimore Address, 488 W. Baltimore St

Oscar Hotten M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90453 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 28 — 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wong Chee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, Mongolian

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laundry Maid

Birth Place, {State or country, and how long in the United States, if of foreign birth.} China (Mongolian)

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give Street and Number.} 170 E Baltimore Street

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 28

Undertaker, Evans & Spence

Place of Business, 60 E Balto St

E Hall Ruth D M. D.

~~Medical Attendant~~ Coroner

Address, 101 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90452 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT ... 1886 ... BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwards Gray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* ~~~ *Months,* ~~~ *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give Street and Number.} 109 Harburg Lw

Cause of Death, First (Primary),

Second (Immediate), Old Age

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Hope Cem

Date of Burial, March 25 / 86

Undertaker, A Hemsley

Place of Business, Orchard St

Signature of M. D. Jno A Clem

Medical Attendant

Address, Lombard & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

M. McRoberts Sanit. Inspr

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10455 *Office of Registrar of Vital Statistics.* Ward 4

HEALTH DEPARTMENT
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Thursday March 25th 8[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Parsins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* ~~~ *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 83 E. Pratt St.

Cause of Death, First (Primary), Hemmhage from M Gums & Navel

Second (Immediate), Exhaustion

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetary

Date of Burial, March 26

Undertaker, James P. Byrne

Place of Business, Front St *Address,* Chase St. & Harrison Place

Wilmer Brinton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

Permit No. 90456 *Office of Registrar of Vital Statistics.* Ward 22d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT MAR 31 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia E. Hess.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 5 *Months,* 9 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Maryland.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 247 S. Bond Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Croupous Laryngitis.

Duration of Last Sickness, Three or four days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, March 28th 1886

Undertaker, L. Ritz

Place of Business, 131 S. Broadway.

A. L. Dashiell, Jr. M. D.,
Medical Attendant.

Address, 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90457 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emil Opitz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* 7 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Confectioner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give Street and Number.} 104 N Pine

Cause of Death, First (Primary), Consumption

Second (Immediate), Convulsions

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 27th 86

Undertaker, Wm Cadogan

Place of Business, 22 S Eutaw St Address, 258 Madison Ave

Wm Osterhout M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 90458 *Office of Registrar of Vital Statistics.* Ward 20 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, March 25 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Pearl Morris

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Mulatto

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 43 Shuter Street

Cause of Death, First (Primary). Catarrhal Pneumonia

Second (Immediate). Apnoea

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, March 26th 1886

Undertaker W. W. Madden

Place of Business, 46 East St

J. B. Schwatka M. D.
Medical Attendant.

Address, Bway & Barnes St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90459 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas C Boggs

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 7 Jones Court

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cem

Date of Burial, March 26th 1886

Undertaker, W W Madden

Place of Business, 46 East st

Thos A Hunt M. D.

~~Medical Attendant.~~

Address, Cun[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M McKewen Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90460 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 28 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Stall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, Blk

~~*Married*~~, Single, ~~*Widow* or *Widower*~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} # 2 Hills Alley

Cause of Death, First (Primary), Injury of the Head

Second (Immediate), Compression of the Brain

Duration of Last Sickness, about 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 27

Undertaker, A. O. R. Bandell

Place of Business, York Rd & 6

[signature] M. D.

Address 346 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90461 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, March 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Brown

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 75 *Years,* 3 *Months,* 2 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Mariner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} 149 Battery Avenue

Cause of Death, First (Primary), Softening of Brain

attended with Senile Paralysis

Second (Immediate), Debility

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, March 28 86

Undertaker, Hanly & Dunn

Place of Business, No 263 Hoff

H B Noble M. D.
Medical Attendant.

Address, 50 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90462 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 25th 86 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Lasker Schinnar

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 6 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 145 Aisquith St

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate), Apnoea

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Russin Cemetery

Date of Burial, March 26

Undertaker, L Ahrens

Place of Business, 25 High St

Jno J Miller M. D.
Medical Attendant.

Address, 1792 Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90463 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 26 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph J. Chambers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 8 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, his life time

Place of Death, {Give Street and Number.} 370 W Lombard

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem

Date of Burial, March 27 86

Undertaker, F. M. Holl

Place of Business, Hanover St *Address,* 410 W Lombard St

Thomas Corbett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 10464

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 26 1886 BALTIMORE

Permit No. 90464 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Dunlavy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} Belvidere St near Fremont Ave.

Cause of Death, First (Primary), Abscess of Liver

Second (Immediate),

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, March 26/86

Undertaker, Jas. P. Bynum

Place of Business, Fourth St *Address,* 283 N. Eden St

E. B. Fenby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90465 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, March 24/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha A. Lindsay

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... 7 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 13 Little Eough St.

Cause of Death, First (Primary), Catarrhal fever

Second (Immediate), Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, March 26th 1886

Undertaker, Henry W. Mears

Place of Business, #22 N. Fayette St *Address,* 50 & Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90466 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED MAR 25 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Connolly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 42 Yrs.

Place of Death, {Give Street and Number.} 125 Hill Street

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, 1 hour

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, 27th March 86

Undertaker, J. B. Coale

Place of Business, 707 W. Balt^o

Thomas H. Lewis M. D.

~~Medical Attendant.~~

Address, Lanvale & N

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Thomas

Lanvale & N

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90467 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Burns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 70 Pendleton st

Cause of Death, First (Primary), Pythisis

Second (Immediate),

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Mar 26 1886

Undertaker, Chas P Byrne

Place of Business, Front st

C. C. Donovan M. D.
Medical Attendant.

Address, 111 W Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 90460

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90468 *Office of Registrar of Vital Statistics.* 188 Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cashman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimor Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 14 Wilson St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Spasms & Exhaustion.

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cem

Date of Burial, March 27. 1886

Undertaker, Martin Fahey

Place of Business 128 Lombard *Address,* 1004 Druid H. Ave

Frank J. Flannery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90469 *Office of Registrar of Vital Statistics.* Ward 13th

HEALTH DEPARTMENT MAR 26 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 25th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barnigunda Ellert.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* 6 *Months,* — *Days*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 2 Years.

Place of Death, {Give Street and Number.} 12 E. Pine St.

Cause of Death, First (Primary), Bright's Kidneys

Second (Immediate), Convulsions & Coma

Duration of Last Sickness, 2½ Years.

All the above information should be furnished by the Physician.

Place of Burial, St. Matthew's Burying Ground

Date of Burial, March 27th 1886

Undertaker, Ph. Seewald.

Place of Business, 35 S. Eutaw St. *Address,* 273 S. Lexington St.

John L. R. Wood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90470 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorisa D Fricker

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 5 *Days*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 158 Lanvale st

Cause of Death, First (Primary),

Second (Immediate), Measles (Malignant)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, ~~Co~~ Loudon Park

Date of Burial March 27/886

Undertaker, Wm. H. Hickman

Place of Business, 284 N Gay

J Ridgway André M. D.
Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 9047

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9047 / *Office of Registrar of Vital Statistics.* 12

HEALTH DEPARTMENT MAR 26 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 20 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, March 27th 1886

Undertaker, Hammond Lake

Place of Business, Division St., *Address,* Harlem Ave & Calhoun

R. McSherry Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90472 *Office of Registrar of Vital Statistics* 9 Cr

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Roth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 124 Shakspear St.

Cause of Death, First (Primary),

Second (Immediate), Catarrhal Pneumonia

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 26 1886

Undertaker, H. Sander & Son

Place of Business, 252 Canton Av

E. Williams M. D.
Medical Attendant.

Address, 53 Eleventh St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90473 *Office of Registrar of Vital Statistics.* 19

HEALTH DEPARTMENT MAR 26 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Hill

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 11 *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 29 Wilmot Alley

Cause of Death, First (Primary), ———

Second (Immediate), Pneumonitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Shorpes Cemetery

Date of Burial, March 26 1886

Undertaker, William Berger

Place of Business, 62 East st

L. C. Thomas M. D.
Medical Attendant.

Address, 421 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall bo the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90474 *Office of Registrar of Vital Statistics.* No. 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza E. Nash

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days*

Color, W

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, 56

Place of Death, {Give Street and Number.} 48 Johnson st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 28

Undertaker, B. Ward

Place of Business, 82 West St

H W Mebrit M. D.
Medical Attendant.

Address, 101 Bunnell

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Health Department, City of Baltimore.

Permit No. 90475 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. Rose Miller

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 19 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore / Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 275 William St

Cause of Death, First (Primary), Pseudo Membranous Laryngitis

Second (Immediate), Asphyxia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Allen 28~~ Mount Olivet

Date of Burial, March 29

Undertaker, B. Hagen

Place of Business, 62 West Pratt Address, 31 N Landsdowne

H. F. Phillips M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90476 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Fisher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give Street and Number.} 18 Selbies Court

Cause of Death, First (Primary), Bronchitis Duration

Second (Immediate), Dropsy

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Elmcroft Landing

Date of Burial, March 27 1886

Undertaker, S W Chase

Place of Business, 198 Howard St

M. Warfield M. D.
Medical Attendant.

Address, Balto Gen. Disp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90477 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Blanch Jr.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} S.E. cor. Fulton & Lexington

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 29/86

Undertaker, Deery & Mitchell

Place of Business, 530 W Fayette

E. E. S. Kinsheimer M. D.
Medical Attendant.

Address, 528 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90478 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after* the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Fletcher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 4 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give Street and Number.} No. 1 N. Carey St

Cause of Death, First (Primary), Chronic disease of heart, with dilatation and organic pleurisy

Second (Immediate), Asthenia

Duration of Last Sickness, I do not know. was seen by me 5 days before his death

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 28/86

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette

S. E. Chew M. D.
Medical Attendant.

Address, 141 W. Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20479 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget E. Hyatt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 59 *Years,* — *Months,* — *Days*

Color, W

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 53 yrs

Place of Death, {Give Street and Number.} 459 W. Fayette St

Cause of Death, First (Primary),

Second (Immediate), Heart Disease

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 27/86

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette

Address, 46 W Fayette

Bitting M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90480 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 26, 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Dettmer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 411 E. 29 St

Cause of Death, First (Primary), ...

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 28th

Undertaker, H. Dippel

Place of Business, 751 E. Baltimore St. *Address,* .....

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99481 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT MAR 27 1890 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Lapp

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. County

Duration of Residence in the City of Baltimore, 5 Mths

Place of Death, {Give Street and Number.} 72 S. Mount St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. County

Date of Burial, March 27/90

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,*

W. R. McKnew *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90482 *Office of Registrar of Vital Statistics.* Ward 15

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 26-86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irvin Dorsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~235 Hughes St.~~ U S

Duration of Residence in the City of Baltimore, 2 mos

Place of Death, {Give Street and Number.} 235 Hughes

Cause of Death, First (Primary), Bronchitis

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shark st Cemetery

Date of Burial, March 27 1886

Undertaker, Geo Perkins

Place of Business, 221 Hanover st

Geo. A. Straus M. D.
Medical Attendant.

Address, 226 Montgomery

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 12 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT, MAR 27 1886 BALTIMORE MD.

Permit No. 90483 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna C. Koerner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 9 *Months,* 24 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 16 Randall St.

Cause of Death, First (Primary), Bilateral Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 29th

Undertaker, B. Hall

Place of Business,

D. H. Goodwin M. D.
Medical Attendant.

Address, 170 W. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE MD

Permit No. 90484 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Elder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 407 n Eay st

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Mch 29th 1886

Undertaker, Amm[illegible]

Place of Business, 261 Light

O. L. Mahon M. D.
Medical Attendant.

Address, Exeter st & 136

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE

Permit No. 90485 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Weckenmeldt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, S

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 3 mo - 3 d -

Place of Death, {Give Street and Number.} 99 Leadenhall St

Cause of Death, First (Primary), Exhaustion from

Second (Immediate), Cancer Gland

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laudenpark Cem

Date of Burial, March 28th 1886

Undertaker, Phillips & Kachler

Place of Business, Sharp & Cross Sts *Address,* 161 S Sharp St

Chas J. Bell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90486 *Office of Registrar of Vital Statistics.* Ward 16th

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, March 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Trender

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 61 *Years,* 9 *Months,* —— *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 Years

Place of Death, {Give Street and Number.} 259 S Paca St

Cause of Death, First (Primary), Softening of the brain

Second (Immediate), paralysis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Con.

Date of Burial, March 28 86

Undertaker, W. J. Tickner

Place of Business, 65 S Eutaw *Address,* 76 S Paca St

S. H. Hunter *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 16

Permit No. 20487 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. H. Kugler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 31 *Years,* 10 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 447 Barre St.

Cause of Death, First (Primary), Heart-Disease (Stenosis of Mitral Valve)

Second (Immediate), Heart Failure, I suppose

Duration of Last Sickness, Have attended him for the last Year occasionally

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, March 28th 1886

Undertaker, Wm J. Fichner

Place of Business, 65 S. Eutaw St *Address,* 373 W. Fayette

Chas Worthington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90488 *Office of Registrar of Vital Statistics* Ward 7 Y

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Buchal

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 3 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} # 206 E. Madison st.

Cause of Death, First (Primary), Meningitis

Second (Immediate), Paralysis

Duration of Last Sickness, About 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 28th

Undertaker, George Schilling

Place of Business, Ashland Square

Geo. A. Hartman M. D.
Medical Attendant.

Address, # 305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90489 *Office of Registrar of Vital Statistics.* MAR 31 1886 Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Saturday March 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Clara Rapp

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 29 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 239 Pierce

Cause of Death, First (Primary), Spasms

Second (Immediate), Retraction & Collapse

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 29

Undertaker, Andreas Rohde

Place of Business, 48 Penn Ave

H. D. Morris M. D.
Medical Attendant.

Address, 538 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20490 *Office of Registrar of Vital Statistics* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, March 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Killmyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 3½ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 380 N. Washington

Cause of Death, First (Primary),

Second (Immediate), Ivanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, March 27th 1886

Undertaker, H. Hoeck

Place of Business, 309 N Central Ave *Address,* [illegible] M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M. McKewen Sanitary Inspector

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90479 / *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Maggie Wolf

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ½ Hour ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} No 241 N Bond st

Cause of Death, First (Primary), Premature Birth (7 Months)

Second (Immediate), Asthenia

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cem

Date of Burial, March 27th 1886

Undertaker, H Hoeck

Place of Business, 309 N Central Av *Address,* Chas & 20 & 22

Chas A Elmes M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M McKewen Sanitary Inspector [over.]

No. 7 6 1 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90492 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward J. Wheatley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 54 *Years,* — *Months,* — *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 138 S. Caroline St

Cause of Death, First (Primary), Cardiac Hypertrophy Bright's Disease

Second (Immediate), Uraemia Coma

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March 28th

Undertaker, John E. Grace

Place of Business, 142 S Caroline St *Address,* 156 E. Fayette St

Whitfield Winsey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90493 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George N. Vodery

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* 1 *Months,* 17 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Maryland

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} 164 S. Caroline Street.

Cause of Death,
First, (Primary,) ~~~~
Second, (Immediate,) Phthisis Pulmonalis.

Duration of Last Sickness, 6 Months.

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetary

Date of Burial, March 28th

Undertaker, John E Grace

Place of Business, 142 S. Caroline St

N. L. Dashiell Jr. M. D.,
Medical Attendant.

Address, 20 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 12 1 1 6

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE, MD.

Permit No. 90494 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Kratzer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* 10 *Months,* 11 *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 119 S. Register

Cause of Death, First (Primary), Consumption of the Lungs

Second (Immediate),

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, March 28th '86

A. R. Arnold M. D.
Medical Attendant.

Undertaker, G. Francs

Place of Business, Bank & Wolfe Sts. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90495 — *Office of Registrar of Vital Statistics.* Ward 1 CR

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward M. Hoffstein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 31 East

Cause of Death, First (Primary), Confection Shells

Second (Immediate), ...

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Hebr.

Date of Burial, March 28th 86

Undertaker, G. France

Place of Business, Bank & Wolfe Sts. *Address,* 299 E Balto St

Samuel E Dinkle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintendiug the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and conditiou (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 90496

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE MD

Permit No. 90496 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 25 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wieronika Wenorzynska

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 9 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} # 60 (rear) Philpot St

Cause of Death, First (Primary), Convulsions

Second (Immediate), one hour

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, March 27th 86

F. J. Dashiell Jr. M. D.
Medical Attendant.

Undertaker, G. Krance

Place of Business, Paul & Wolfe Co. *Address,* 907 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 7047

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT, MAR 29 1886 BALTIMORE, MD.

Permit No. 90497 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridgt McGahan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Eight Five (85) *Years,* *Months,* *Days*

Color, White

Married, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland - In Am 53 yrs -

Duration of Residence in the City of Baltimore, Fifty Three (53) Years -

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Ch

Date of Burial, March 28 1886

Undertaker, Henry Funk

Place of Business, 309 W. Centre St *Address,* 188 N. Calvert St

Oscar Coblentz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit for Burial to the Undertaker

No. 1 2 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE, MD.

Permit No. 90498 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Warren C. North

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 27 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 532 S. Charles St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 28th 1886

Undertaker, Ann Eng Dun

Place of Business, 213 Light

by Howard Bodley M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90499 *Office of Registrar of Vital Statistics.* Ward 12th

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A MEDICAL CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Jane Rowe

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* 7 *Months,* 19 *Days,*

Color, Colored.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pittsburg Pa.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and Number.} 270 Park Ave.

Cause of Death, First, (Primary,) Perifonitis. Hepatitis followed by Ascites and Perinephritis.
Second, (Immediate,) Emaciation

Duration of Last Sickness, seven months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar. 29. 86

Undertaker, Alex Kennedy

Place of Business, 116 Orchard

Thos. A. Browne, M. D., Medical Attendant.

Address, 250 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for

he Special Attention of Physicians is respectfully invited to the remarks below, and to List ...seases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

20

Permit No. 90500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Henry Smallwood

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* — *Months,* — *Days.*

Color, Black *Sex,*

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County Md.

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number.} W. Hoffman St. 309.

Cause of Death, First (Primary,) Malarial Typhoid

Second (Immediate,) Consumption —

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Kent County Md

Date of Burial, March 30th 1886

Undertaker, Alex Hensley

Place of Business, 116 Orchard St

Samuel A. Henry M. D.
Medical Attendant.

Address 160 N. Howard St
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

No. 9050

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9050 / *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Tiding

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* 10 *Months,* 15 *Days*

Color, Colored

~~*Married*~~, ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} West River Md

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give Street and Number.} 113 Orchard St

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), " " "

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 28th 1886

Undertaker, Wm. Hensley

Place of Business, 116 Orchard

Elias C. Price M. D.
Medical Attendant.

Address. 252 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 90502

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90502 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Saturday Mar. 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Schaefer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 363 W. Eutaw St.

Cause of Death, First (Primary), ~~Roberla~~

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 29th

Undertaker, Julius Hoelcher

Place of Business, Sharpe Cross St

D. S. Morris M. D.
Medical Attendant.

Address, 538 N. Stricker St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 90503

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90503 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 8 Little Broadway Court

Cause of Death, First (Primary), Scrofula

Second (Immediate), infiltration of Lungs

Duration of Last Sickness, about a year

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 26 1886

Undertaker, William A Dwyer

Place of Business, 62 East St

E. P. Sons M. D.
Medical Attendant.

Address, 37 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 90504

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate

Health Department, City of Baltimore.

Permit No. 90504 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 227 William St.

Cause of Death, First (Primary), Measles

Second (Immediate), Convulsions

Duration of Last Sickness, for 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemt.

Date of Burial, March 28th

Undertaker, B. Harle

Place of Business, 82 West Pratt

Jno. A. Smith M. D.
Medical Attendant.

Address, 751 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 20505

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20505 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 26th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Gernert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 130 Fort Ave

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Convulsions

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lauders Park

Date of Burial, March 28th

Undertaker, B. Hartle

Place of Business, 82 West St

Robert S. Lowe M. D.
Medical Attendant.

Address, 338 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9030[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9050[illegible] *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the correctness of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Schapperle Jr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 21 East Baltimore St

Cause of Death, First (Primary), [illegible]

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 29th

Undertaker, Evans & Spence

Place of Business, 60 E Balto St Address, 882 Baltimore

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9050 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L. Butenworder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 78 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line:} ~~Married~~ Widower

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 4. Baltimore Road

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 28th 1886

Undertaker, Ph. Seuald

Place of Business, 35 S. Eutaw *Address,* 542 W. Lafayette

W. R. McKenney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 9058

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90588 *Office of Registrar of Vital Statistics* Ward 6th

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pearl Elizabeth Furby

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 10 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 179 N Wolfe

Cause of Death, First (Primary), Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 28/86

Undertaker, H C Widefield

Place of Business, 90 Gruntsit Ave *Address,* 242 N Bway

Thomas J Simms M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9050[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

CLERK'S DEPARTMENT MAR 27 1886 BALTIMORE MD.

Permit No. 90509 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Saturday March 27th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Solomon H. Sadler.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Huckster

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 150 E. Monument St.

Cause of Death, First (Primary), Pleuro Pneumonia with Empyema

Second (Immediate), Exhaustion

Duration of Last Sickness, Ten Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 29th 1886

Undertaker, H. C. Weidefeld

Place of Business,

Wilmer Brinton M. D.
Medical Attendant.

Address, 1200 St. Paul Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 90510

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90510 *Office of Registrar of Vital Statistics.* Ward 1

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Brandt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 7 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give Street and Number.} 194 E. Chesapeake St

Cause of Death, First (Primary),

Second (Immediate), Tetanus

Duration of Last Sickness, Ten day

All the above information should be furnished by the Physician.

Place of Burial, Mount Samuel

Date of Burial, March 27 86

Undertaker, H. Landers Son

Place of Business, 252 Eastern Ave *Address,* 194 E. Chesapeake St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90511 *Office of Registrar of Vital Statistics.* Ward 12 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jane Lyons

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford County Md

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give Street and Number.} 197 - Aisquith St

Cause of Death, First (Primary), Pulmonary Congestion

Second (Immediate), Asthenia

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 29, 1886.

Undertaker, John J. Andrews

Place of Business, ft of Druid Hill Ave

J. H. Grimes M. D.
Medical Attendant.

Address, 209 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 9057

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 9057 *Office of Registrar of Vital Statistics.* Ward 12 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Zachariah D. Bowen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 469 Druid Hill Ave

Cause of Death, First (Primary), Malaria - Bilious Dysentery

Second (Immediate), Febry Typhoides

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Calvert County

Date of Burial, March 29 1886

Undertaker John S Meacham

Place of Business, 150 Lanvale

Chas Tinsley M. D.
Medical Attendant.

Address, 386 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90513 *Office of Registrar of Vital Statistics.* Ward 6 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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CERTIFICATE OF DEATH.

Date of Death, March 27 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie Roberts

Sex, Male or Female, {Cross out the word not required in this line.} Male -

Age, 3 *Years,* 3 *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City - Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 17 Hoen St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 28/886

Undertaker, W W Madden

Place of Business, 46 East 8[illegible]

G. F. Taylor M. D.

Medical Attendant.

Address, 234 W. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90514 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant child of Edward & Susan J. Carvill

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, — *Years,* — ~~Months~~, One *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} No 179 N. Caroline St

Cause of Death, First (Primary), Malformation of Circulatory System

Second (Immediate), Cyanosis

Duration of Last Sickness, Twenty four hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, March 28th 1886

Undertaker, Wm. H. Hackman

Place of Business, No 288 N. Gay St

John W. Pickrell M. D.
Medical Attendant.

Address, 256 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90375 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Kaufman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 784 N. Bond st

Cause of Death, First (Primary),

Second (Immediate), Malignant Diphtheria

Duration of Last Sickness, About 2. Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 28th 1886

Undertaker, P. M. Leonard & Son

Place of Business, 792 W. Baltimore *Address,* 792 N. Fayette

W. Chuckrow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90516 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mar. 24th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Williams Gray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days*

Color, Coloured

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Dying life

Place of Death, {Give Street and Number.} 93 Lee St.

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Heart Disease

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, March 28

Undertaker,

Place of Business,

R. M. Hance M. D.
Medical Attendant.

Address, 26 E. Lloyd St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20517

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 25/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. C. Stanton.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* ~~~ *Months,* ~~~ *Days*

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Fullerton Md

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give Street and Number.} N. 20 Etting St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, About 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk. Cemetery

Date of Burial, March 28th

Undertaker, Jas. N. Ivell

Place of Business, #131 Hanover St

Address, 14 Franklin St

J. H. Sutton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Permits f[illegible]

No. 9051

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90578 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Christian

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* / *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give Street and Number.} 69 N Hanover St

Cause of Death, First (Primary), General Paralysis

Second (Immediate), Paralysis of Brain

Duration of Last Sickness, 10 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 29th 1886 C. A. Cooke M. D.

Medical Attendant.

Undertaker, Ernest Gatchouse

Place of Business, 181 Sharp *Address,* 110 Fort Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20579 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mar 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Handy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Gates Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 46 & 17 Norris Alley

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Ferncliffe Cemetery

Date of Burial, March 28 1886

Undertaker, William N Dunger

Place of Business, 62 East st

Wm C Warner M. D.
Medical Attendant.

Address, 2807 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 96520 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm J Hynson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months.* — *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Chestertown Md

Duration of Residence in the City of Baltimore, about 20 Years

Place of Death, {Give Street and Number.} N.E. cor Howard & Conway Sts

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery.

Date of Burial, March 29th

Undertaker, F. M. Fell.

Place of Business, 131 Hanover St *Address,* 67 East Balto St

Chas. M. Morfit M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90521 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 29 1886
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 222 Lee St.

Cause of Death, First (Primary), Typhoid

Second (Immediate), Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Landover, P.G. County

Date of Burial, March 30th

Undertaker, F. M. Frall

Place of Business, 131 Hanover St *Address,* 281 S. Charles St.

Jno. H. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90624

Office of Registrar of Vital Statistics.

Ward 17

RETURN DEPARTMENT
MAR 29 1886
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 27 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie M. Snook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 20 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 3 - 4 - 23

Place of Death, {Give Street and Number.} 413 Light St

Cause of Death, First (Primary), Morbilla

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, March 29

Undertaker, B Hall

Place of Business, 82 West St

R. H. & P. Ellis M. D.
Medical Attendant.

Address, 147 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90523 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, March 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William W. Walters

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cotton Carder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Abt 50 yrs

Place of Death, {Give Street and Number.} 35 Stockholm St

Cause of Death, Internal { First (Primary), Injuries received, Second (Immediate), by an accidental fall

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, March 29th

Undertaker, B. Hall

Place of Business, 82 West St

L. A. Bell M. D.

Medical Attendant.

Coroner

Address, 160 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

No. 2

Health Department, City of Baltimore.

Permit No. 90524 *Office of Registrar of Vital Statistics.* Ward 18

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Mar 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Finley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* a few minutes *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 7 Washington ave

Cause of Death, First (Primary), Inanition, died just after

Second (Immediate), birth, 6 months foetus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, 29 ultmo

Undertaker, E. Hoke

Place of Business, 42 West St

Geo R Graham M. D.
Medical Attendant.

Address, 136 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90525

Office of Registrar of Vital Statistics. 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

REGISTERED
MAR 29 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

C

Date of Death, 28. March 1886.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sjalke Klasken de Boer.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29 *Years,* *Months,* 25 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } East Friesland, Germany, since four years in the U.S.

Duration of Residence in the City of Baltimore, four years

Place of Death, { Give street and number. } 291 East Eastern Av.

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis tuberculosa pulmon.

Duration of Last Sickness, Five months.

All the above information should be furnished by the Physician.

Place of Burial, 5th Reformt Cemtry.

Date of Burial, March 30th 1886

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann.

Robert Smith M.D.,
Medical Attendant.

Address, 21 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90526 *Office of Registrar of Vital Statistics.* Ward 15th

HEALTH DEPARTMENT MAR 29 1926 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, March 24. 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Long

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* 9 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Res 242 Hughes St

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Heart disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 27 March

Undertaker, J. H. Taylor

Place of Business, 154 S. Stricker St

C. S. Bond M. D.
Medical Attendant.

Address, 177 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 90527 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT MAR 30 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos McCabe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 20 Maryland St

Cause of Death, First (Primary), old age

Second (Immediate), Cardiac Asthma

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, March 30, 1886

Undertaker, Henry McF Gaw

Place of Business, 4 & M. Central Ave *Address,* 171 N Caroline St

Jno B Thayer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 90528

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 29 1886

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolina ~~Cole~~ Boone

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 7 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 453 Division St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Shark's

Date of Burial, March 29th 1886

Undertaker, Chas Hemsley

Place of Business, 116 Orchard

Chas E Smith M. D.
Medical Attendant.

Address, 365 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE, MD.

Permit No. 10529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Thomas James

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* about 7 *Months,* — *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} No 1 Bolton St.

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 29th 1886

W. B. Rider *M. D.*
Medical Attendant.

Undertaker, A. J. Bowles

Place of Business, 19 Orchard

Address, 29 Harlem Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20530 *Office of Registrar of Vital Statistics.* Ward 9 2

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J. Wallick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Baltor.

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} Foot of South st, Boat Blanche

Cause of Death, First (Primary), Pneumonia & Meningitis

Second (Immediate), Prostration

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 29th 1886

Undertaker, Daniel Flynn

Place of Business, 109 West St

R. L. Biddenbaum M. D.
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this [illegible]

Health Department, City of Baltimore.

Permit No. 90331 *Office of Registrar of Vital Statistics.* [illegible] 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie Francis Carroll

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* 6 *Months,* 28 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Headville, Mineral Co. W. Virginia

Duration of Residence in the City of Baltimore, Twelve Months

Place of Death, {Give Street and Number.} 179 N. Caroline Street

Cause of Death, First (Primary), Puerperal Peritonitis

Second (Immediate), Asthenia

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Headville W Va

Date of Burial, March 29

Undertaker, W. H. Hickman

Place of Business, 849 W. Pratt St. *Address,* John U. Pickel M. D. Medical Attendant.

256 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

411 Fremont

Board of Health, City of Baltimore,

Permit No. 90532

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT, MAR 29 1886 BALTIMORE, MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Rainn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Three *Years,* One *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 19 Haw St.

Cause of Death, First (Primary,) Pneumonitis

Second (Immediate,) Asthenia

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, March 30 1886

Undertaker, [illegible]

Place of Business, [illegible] *Address*

W. H. Thompson, M. D.
Medical Attendant.

41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Rule [illegible]

Health Department, City of Baltimore.

Permit No. 20533 *Office of Registrar of Vital Statistics.* Ward 8

HEALTH DEPARTMENT
MAR 29 1886
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, March 28. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry M. Morris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Mariner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, {Give Street and Number.} 109 W. Biddle St

Cause of Death, First (Primary),

Second (Immediate), Brights disease

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 30th 1886

J. W. Hinck M. D.
Medical Attendant.

Undertaker, Stewart & Mowbray

Place of Business, 35 Park Ave *Address,* 75 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. [illegible]

Health Department, City of Baltimore.

Permit No. 90534 *Office of Registrar of Vital Statistics.* Ward 16

HEALTH DEPARTMENT MAR 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

D

Date of Death, March 27th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Miller.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give Street and Number.} 152 E. S. Green St.

Cause of Death, First (Primary), [illegible]

Second (Immediate), Pulmonary Tuberculosis

Duration of Last Sickness, 12 months.

All the above information should be furnished by the Physician.

Place of Burial, Dead House Parkton

Date of Burial, March 30 1886

Undertaker, Julius Kocher

Place of Business, Sharp & Conn Sts *Address,* 152 Sharp

R. J. N. Tall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 90535 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT BALTIMORE MD. MAR 31 1886

The Physician who attended any person in a last illness, is responsible for the transmission of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan A Allnutt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give Street and Number.} [illegible]

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 30th 1886

Undertaker, Julius Kochler

Place of Business, Shaw's Cross Ch *Address,* [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 90536

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT MAR 30 1936 BALTIMORE, MD.

Ward 15 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 28/36.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Rodda

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 Years, 1 Months, 10 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 years.

Place of Death, {Give Street and Number.} 283 S. Charles St.

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate),

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 30th 1936

Undertaker, Julius Koehler

Place of Business, Main & Cross Sts. *Address,* 281 S. Charles St.

Wm. T. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 90537

Office of Registrar of Vital Statistics.

Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1888 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Durham

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, Abt 50 Years

Place of Death, {Give Street and Number.} 16 Hill St

Cause of Death, First (Primary), Malarial

Second (Immediate), Typho Malarial Fever

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, March 29th

Undertaker, Wm Ty Dem

Place of Business, 263 Light St

E. J. Bell M. D.
Medical Attendant.

Address, 161 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore.

Permit No. 29538 *Office of Registrar of Vital Statistics* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE, MD.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mar. 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas P. M. Stitcher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* 6 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Cigar Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 294 Franklin St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), " "

Duration of Last Sickness, Six Months

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 30th 1886

Undertaker F. Lewis Schaefer

Place of Business, 109 N Greene

J. A. Silvestri M. D.
Medical Attendant.

Address, 506 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Accompanying

Health Department, City of Baltimore.

Permit No. 90539 *Office of Registrar of Vital Statistics.* Ward 10 1

The Physician who attended any person in a last illness, is responsible for the correct filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Chaney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* 1 *Months.* 6 *Days*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, About 50 yrs

Place of Death, {Give Street and Number.} 204 George St

Cause of Death, First (Primary), Cerebral softening

Second (Immediate), Exhausted

Duration of Last Sickness, 1

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, March 30th 1886

Undertaker, F. Lewis Schaefer

Place of Business, 709 W Fremont St

J H Buxham M. D.
Medical Attendant.

Address, 1 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE, MD.

Permit No. 90540 *Office of Registrar of Vital Statistics* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Mar. 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbra K. Bachi

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 1 *Months,* 5 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Back Bay

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 52 E. Wolf St

Cause of Death, First (Primary), Phthisis Pul.

Second (Immediate), Asthenia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Feb. 29 86

Undertaker, G. Franc

Place of Business, Grant & Wolfe Sts *Address,* 51 N Bway

C. B. Britton M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back [illegible]

Health Department, City of Baltimore.

Permit No. 90371 *Office of Registrar of Vital Statistics* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, March 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Peifer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* 3 *Months,* 17 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Errand Boy

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 58 S. Republican St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), "

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, March 30th 86

Undertaker, G. Francis

Place of Business, Grant & Wolfe *Address,* 37 S. E. Balto St.

E. T. Gore M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons' superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 90524 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

GENERAL MAR 29 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hershberger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* 3 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 253 Alice Ann St

Cause of Death, First (Primary), Hypertrophy of heart with

Second (Immediate), Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, 30 March 1886

Undertaker, John C. Smith

Place of Business, 265 Alice Ann St

E. J. Williams M. D.
Medical Attendant.

Address, 202 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

REGISTRAR'S DEPARTMENT, MAR 29 1886 BALTIMORE, MD.

Permit No. 90343 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, March 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Jones

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 40 *Years,* — *Months,* — *Days*

Color, Black

~~*Married, Single,*~~ *Widow or ~~Widower~~,* {Cross out the words not required in this line.} Widow

Occupation, Servt

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore, 20 yrs /

Place of Death, {Give Street and Number.} 12 Concord St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, /

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, March 27th 1886

Undertaker, Wm P Burgee

Place of Business, 62 East St

D M Cathell M. D.
Medical Attendant.

Address, 2 N Bowdoin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE MD.

Permit No. 903744 *Office of Registrar of Vital Statistics.* Ward 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 27th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa L Bast

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harpers Ferry Va

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, {Give Street and Number.} 243 Lee St

Cause of Death, First (Primary), Bronchitis Associated with heart disease,

Second (Immediate), Syncope

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, March 30th 1886

Undertaker, Lee B Cook

Place of Business, No 707 W Baltimore

I H Kinney M. D.
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE MD.

Permit No. 12545 *Office of Registrar of Vital Statistics.* Ward 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Instant March 28" 1886

Full Name of Deceased, {Write legibly, and spell correctly. If an Infant not named, give names of parents.} of Elizabeth & Jacob Albright

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 1/4 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto V

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Goldsmith Alley & Mc. Henry St

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 29th 86

Undertaker, J. P. Paul's

Place of Business, Address, Camp & R

Thos A Steiner M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

M. E. Roberts Asst Inspector

The Special Attention of Physicians is respectfully

Health Department, City of Baltimore.

Permit No. 10546 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1888 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 27 - 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Lomack

Sex, ~~*Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 7 *Months,* 8 *Days*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 207 Shields alley

Cause of Death, First (Primary), Acute Pneumonia

Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 29/88

Undertaker, Chas. J. Serrien

Place of Business, 27 S. Eutaw

C. Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 40547 *Office of Registrar of Vital Statistics.* MAR 29 1886 Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Ullrich

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Retired from business

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 47 yrs 2

Place of Death, {Give Street and Number.} 36 Columbus Ave

Cause of Death, First (Primary), Softening -

Second (Immediate), Heart Insufficiency

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, March 30. 1886

Undertaker, M. A. Dayer Mfg

Place of Business, 74 S. Bway,

Sus Bell, M. D.

~~Medical Attendant~~ Coroner

Address, 661 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

Health Department, City of Baltimore.

Permit No. 10548 *Office of Registrar of Vital Statistics.* Ward 20

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 27, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Lewis Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Brown

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, "

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hanford co Md

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give Street and Number.} 198 Dolphin

Cause of Death, First (Primary), ...

Second (Immediate), Meningitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 29, 1886

Undertaker, M. A. Dayn Ally

Place of Business, 74 S. Broadway

J. H. Kuttruff M. D.
Medical Attendant.

Address, 28 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be asecrtained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 20549 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 28, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days,*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 57 St Paul St

Cause of Death, First (Primary),

Second (Immediate) Pulmonary Tuberculosis

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 29 '86

Undertaker W. A. Leeson

Place of Business, Health Dept

Thos. J Frary M. D.
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 10550 *Office of Registrar of Vital Statistics.* Ward 10 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A Redifer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* 11 *Months,* 25 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 206 N Fremont St

Cause of Death, First (Primary), Cancer of Rectum

Second (Immediate), Asthenia

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 29th 1886

Undertaker, Wm O Weaver

Place of Business, No 202 N Eutaw St

Chas L Pennington M. D.
Medical Attendant.

Address, 134 N Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90537 *Office of Registrar of Vital Statistics.* Ward 18 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. MAR 29 1886

CERTIFICATE OF DEATH.

Date of Death, March 28/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Dolan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 15 *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Payson & Ramsey Ct

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 29th 1886

Undertaker, Geo. Leonhardt

Place of Business, 389 W. Baltimore St

H. L. Friedenwald M. D.
Medical Attendant

Address, 24 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 20552 *Office of Registrar of Vital Statistics* Ward 12

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Evan N White

~~Sex,~~ *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 5 weeks

Place of Death, {Give street and Number.} Hospital of Good Samaritan

Cause of Death, First (Primary), Enlarged Prostate & Cystitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 weeks in Bed

All the above information should be furnished by the Physician.

Place of Burial, Franklin Va

Date of Burial, March 30th

Undertaker, Stewart & Mowen

Place of Business, 38 Park ave

R. Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

4115 Evans

[over.]

Board of Health, City of Baltimore, 10a

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 90533

HEALTH DEPARTMENT MAR 29 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th March 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne E. Clark

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 21 Diamond St.

Cause of Death First, (Primary,) Cirrhosis of Liver

Second, (Immediate,) Debility

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 29 1886

Undertaker, Matthew Cadogan

Place of Business, 227 Milliken St

Geo. L. Brewer M. D.
Medical Attendant.

Address, 136 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90534

Office of Registrar of Vital Statistics. Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McClure Edgar

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* —— *Months,* —— *Days*

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Lawyer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 22 Cathedral St.

Cause of Death, First (Primary), Cerebral Hemorrhage.

Second (Immediate), Asthenia

Duration of Last Sickness, Four hours.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 30th 1886

Undertaker, Hufnagle & Sons

Place of Business, Park & Saratoga

Henry P. Smith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90333

Office of Registrar of Vital Statistics.

HEALTH DEPARTMENT MAR 30 1880 BALTIMORE, MD.

Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 29 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winfred Reese

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B, City

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} 19 Rundel Pl

Cause of Death, First (Primary), Paralysis of Brain

Second (Immediate), Apoplexy

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 30

Undertaker, B. Hall

Place of Business, 82 West St

R. A. Reed M. D.

Medical Attendant.

Address, 21 S Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90536 *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT MAR 30 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Schaff

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* ~~Four~~ *Days* 8

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 8 North Mount Street

Cause of Death, First (Primary), Convulsions.

Second (Immediate),

Duration of Last Sickness, About twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Mar. 30th 1886

Undertaker, Jos B. Cook

Place of Business, No 707 W Balto St *Address,* 1488 S. Carey St.

J. Ridgely Hammond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 20337 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 30 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, March 28, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Carroll

Sex, ~~*Male or*~~ *Female,* {Cross out the word not requlred in this line.}

Age, 65 *Years,* *Months.* *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not requlred in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 824 E. Pratt St.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 30th 1881

Undertaker, Henry S. Means

Place of Business, 22 W. Fayette St. *Address,* 95 E. Baltimore St.

J. W. Houck M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90538

Office of Registrar of Vital Statistics

HEALTH DEPARTMENT MAR 28 1886 BALTIMORE, MD.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

a

Date of Death, Mch. 27. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Layfolt

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, Years 10 Months, Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. all of life.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 32 Ohio av.

Cause of Death, First (Primary), Convulsions.

Second (Immediate), Asthenia.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemtery

Date of Burial, March 30 1886

Undertaker, H. Box

Place of Business, 915 E. Mary St

C. L. Booze M. D.
Medical Attendant.

Address, 177 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90539 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Barnes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* 6 *Months,* *Days*

Color, Blk

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Balto City~~ Md

Duration of Residence in the City of Baltimore, 14 yrs. ~~62 yrs~~ 6

Place of Death, {Give Street and Number.} 9 Rope walk alley

Cause of Death, First (Primary), ~~Disease of~~ Pneumonia

Second (Immediate), Apnoea

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 30 1886

Undertaker, H Bors

Place of Business, 95 Eastern Ave

R A P Ellis M. D.
Medical Attendant.

Address, Bear Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ... of this certificate.

Health Department, City of Baltimore.

Permit No. 90560 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in s last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Mar. 29 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Just Married Hartman Müller Infte {Paunto

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 344 W Pratt st.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 344 W Pratt st.

Cause of Death, First (Primary), Hepatitis

Second (Immediate), exhaustion

Duration of Last Sickness, about 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 30th 1886

Undertaker, Geo. Lemmon

Place of Business, 3891 Pratt *Address,* 322 Baltimore st.

Wm. A. Perry M. D.
Coroner Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90561 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 29, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jefferson Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, About 40

Place of Death, {Give Street and Number.} 16 Nelson's Court

Cause of Death, First (Primary), Suddenly of

Second (Immediate), Heart-disease

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 31 1886

Undertaker, S W Chase

Place of Business, 478 Howard St

Wm A. Sims M. D.
Coroner Medical Attendant.

Address, 822 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91562 *Office of Registrar of Vital Statistics* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucia Donnelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 16 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 137 Green St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Mar 31th

Undertaker, John J Cowan

Place of Business, 89 Hollins St *Address,* 87 W Lombard St

D L Slicer M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE, MD.

Permit No. 90563 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Salaney

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} West Va

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 92 Druid Hill Ave.

Cause of Death, First (Primary), Bronchial Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 7 da

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 31st 1886

Undertaker, John J Andrews

Place of Business, 1416 Druid Hill Ave

W. G. Waugh M. D.
Medical Attendant.

Address, 335 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90564 — *Office of Registrar of Vital Statistics.* — Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James W Leatherbury

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, Blk

Married, Single, Widow ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 9 Yrs

Place of Death, {Give Street and Number.} 6 Hardens Ct

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Apnoea

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemy

Date of Burial, Mar 30 1884

Undertaker, Geo Eckels

Place of Business, 221 Hanover *Address,* Eutaw & Mulberry Sts

Rob Peebles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Returns below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90565 *Office of Registrar of Vital Statistics.* Ward 5th

HEALTH DEPARTMENT MAR 30 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Kelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Court in rear of 304 E Monument st

Cause of Death, First (Primary),

Second (Immediate), Croup

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, March 30/86

Undertaker, W. H. Burrage

Place of Business, East [illegible] *Address,* Cor Pk & PR

Thos A Kleiss M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M M Kewen Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20566 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dendelbach.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* 2 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Harness Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give Street and Number.} 23 N. Lombard St.

Cause of Death, First (Primary),

Second (Immediate), Carcinoma of Liver. (Supposed)

Duration of Last Sickness, Over one year.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Mar 31st 1886

Undertaker, Jas P Byrne

Place of Business, Fackler St

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90567 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAR 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Mar. 28 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant named (Henrietta Jones Mother)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 501 Bank St

Cause of Death, First (Primary), Suddenly Ill

Second (Immediate), convulsions

Duration of Last Sickness, about 36 hours

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, March 30 1886

Undertaker, F. A. Kercheval

Place of Business, Health Office

W. C. Jones M. D.
Medical Attendant.

Address, 322 Holliday St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90568 *Office of Registrar of Vital Statistics.* Ward 5th

HEALTH DEPARTMENT, MAR 30 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Mooney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Store-keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give Street and Number.} 483 Wilkens Street

Cause of Death, First (Primary), Senility

Second (Immediate), - - - -

- - - - -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, March 31st

Undertaker, A. Fink & Son

Place of Business, 961 W. Fayette St. Address.

Steward Glover M. D.
Medical Attendant.

Residence 8 Eager St. Corner Paca

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20569 *Office of Registrar of Vital Statistics.* Ward 15-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Joseph & Mary Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 hour ~~Days~~

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 97 Lee Street

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem

Date of Burial, 30th March 1886

Undertaker, Hercules Ross

Place of Business, 95 Conway St *Address,* Lombard & Eutaw

James A Steuart M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the Blanks on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT, MAR 30 1886 BALTIMORE MD.

Permit No. 90570 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Fortsche
Sister Living Philomena

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months.* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, School Sister de Notre Dame

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Compton, Dr York

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Conv. de Notre Dame Guilford Av.

Cause of Death, First (Primary), Consumption of Lungs.
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, April 1st 1886

Undertaker, J. Fenlon & Son

Place of Business, 1161 W Gay *Address,* 5 W. Saratoga

John L. Neumann M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90571 *Office of Registrar of Vital Statistics.* Ward 16th

HEALTH DEPARTMENT, MAR 30 1886 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30 March 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmine Walters

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 32 *Years,* 6 *Months,* 16 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore all life

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 289 W Pratt Street

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemet.

Date of Burial, April 1st 1886

Undertaker, P. H. Seewald

Place of Business, 35 S. Eutaw *Address,* 211 N Howard Street

L. F. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as it can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90572 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 30 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Mar. 30. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Sutherner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* ~~*Days*~~

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 48 Josephine St

Cause of Death, First (Primary), Cerebro. spin. meningitis

Second (Immediate), Spasm Epharyngeal

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem.

Date of Burial, March 31st 1886 Geo A Fleming M. D.
Medical Attendant.

Undertaker, Wm J Gray

Place of Business, 65 Mulberry *Address,* 172 Granby

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90573 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude Eastwood

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 21 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, Book Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto - Since Birth

Duration of Residence in the City of Baltimore, 204 N Eden st

Place of Death, { Give street and Number. }

Cause of Death, First, (Primary,) Catarrhal Phthisis

Second, (Immediate,) Prostration

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, March 28/1886. James Chatfield M. D.,

Undertaker, Wm. H. Hickman, Medical Attendant

Place of Business, 234 N. Gay St. *Address,* 145 augusta st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9057 4 *Office of Registrar of Vital Statistics* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Laughlin

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 85 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoe maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give Street and Number.} 827 N. Eden

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 31 1886

Undertaker, Wm. H. Hickman M. D. Medical Attendant.

Place of Business, 234 N. Gay St. *Address,* 228 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90576 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE & OHIO R.R. CENTRAL DEPARTMENT MAR 30 1886

CERTIFICATE OF DEATH.

Date of Death, Mch 28 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Salina Cross.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months.* *Days*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give Street and Number.} 66 N. Carey St.

Cause of Death, First (Primary), Consumption

Second (Immediate), Asthenia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 30 86 J. H. Miller M. D.

Medical Attendant.

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw St. *Address,* 188 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90576 *Office of Registrar of Vital Statistics.* Ward 13-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon Eliel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} 31 Hullins

Cause of Death, First (Primary), Fatty degeneration of the heart

Second (Immediate),

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Meb Sholars Cemetery

Date of Burial, March 30

Undertaker, Jacob Ahrens

Place of Business 28 High St *Address,* 283 W Lombard

Gus L Muehlhaus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 31 1886 BALTIMORE MD.

Permit No. 21579 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 28, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph M Rolle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 954 W Baltimore St

Cause of Death, First (Primary), Membranous Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 30

Undertaker, J Athens

Place of Business, 28 Light *Address,* 319 Baltimore

James Daly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90578 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margt Krapfs

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany (not known)

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Old Age

Second (Immediate), Diarrhoea

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, March 31 '86

Undertaker, J. Frances

Place of Business, Bank & Mott Sts

Oscar J. Lokey M. D.
Medical Attendant.

Address, 128 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90579 *Office of Registrar of Vital Statistics.* Ward 2 d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jaucheuski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 3 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 184 S. Regester St

Cause of Death, First (Primary), Pneumonitis

Second (Immediate), Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, March 30th 86

Undertaker, G. France

Place of Business, Bank & Wolfe St. *Address,* 243 Alice Anna

John H. Relberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20581 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie Posey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, Colored

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 17 Albemarle Alley

Cause of Death, First (Primary), Cancer of Breast

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 31st 1886

Undertaker, Wm. H. Dunges

Place of Business, 62 East St. *Address,* Central Ave

Thomas A. Clemens M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90581 *Office of Registrar of Vital Statistics.* Ward 13

HEALTH DEPARTMENT MAR BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

54

CERTIFICATE OF DEATH.

Date of Death, March 25th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Gordon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~University Hosp~~ Balto City

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, W. C. Cemetery

Date of Burial, March 29 / 86

Undertaker, Fred'k Kirchner

Place of Business, Health Office

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90584 — *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT MAR 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If any Infant not named, give names of parents.} Infant of Ellen & Frank Daily

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 531 N. Fayette St

Cause of Death, First (Primary), ———

Second (Immediate), Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 29 1886

Undertaker, Wm H. Hickman } Thos A. Hearn M. D.

Medical Attendant.

Place of Business, N. Gay St *Address,* Canton P.O.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

W. Roberts Sant. Insp. 1st

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20583 *Office of Registrar of Vital Statistics.* Ward 5-1

HEALTH DEPARTMENT
MAR 31 1886
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, March 30" 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Lainance

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 43 *Years,* 7 *Months,* 27 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} #127 Forest St.

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Bolo Cemetery

Date of Burial, April 1st 86

Undertaker, Geo L Schilling

Place of Business, Walnut Line

James A Steuart M. D.
~~Medical Attendant.~~

Address, Cross & Mott

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Ex Off

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

L. V. Fitzpatrick Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAR 30 1886 BALTIMORE, MD

Permit No. 90584 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Clair Golding

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 32 *Years,* 10 *Months,* 27 *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 727 W Fayette st

Cause of Death, {First (Primary), Uterine Haemorrhage

{Second (Immediate), Acute Peritonitis

Duration of Last Sickness, ten days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 31/86

Undertaker, Denny & Mitchell

Place of Business, 630 W. Fayette

Dr Wright M. D.

Medical Attendant.

Address, 2214 Linn. St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 70585 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Marshall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 11 Months, 22 Days

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S.

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 63 Mulberry St.

Cause of Death, First (Primary), Rubeola & Dentition

Second (Immediate), Convulsion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 31. 86.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90386 *Office of Registrar of Vital Statistics.* Mar 13 86

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Martin Brennan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Christian Brothers

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} Cor Appleton & Hollins Sts

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bonne Brea

Date of Burial, Mar 31th

Undertaker, John J Gowan

Place of Business, 89 Hollins st

Edw J Sullivan M. D.
Medical Attendant.

Address, 283 N Limestone

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9058 7 *Office of Registrar of Vital Statistics.* Ward 5-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, absolutely filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 31 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Insley

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, *Years,* 07 *Months,* 6 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 186 E. Monument St.

Cause of Death, First (Primary), Taken suddenly with

Second (Immediate), Convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 31st 1886

Undertaker, Adam Fink

Place of Business, 461 W. Jay St. *Address,* 186 Aisquith St

H. T. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90588 *Office of Registrar of Vital Statistics.* April 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 28th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} (Colored) Male

Age, ... *Years,* 8 *Months,* 3 *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 mos, 3 days.

Place of Death, {Give Street and Number.} 160 Raborg St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Shorpe St Cemetery

Date of Burial, March 31 1886

Undertaker, William N Dunger

Place of Business, 62 East St

Wm. P. Thum M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20587 *Office of Registrar of Vital Statistics.* Ward 3"

HEALTH DEPARTMENT, MAR 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 27"86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda "d Isaac Benson {Parents' Name

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 12 hours ~~Days~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 4 & Bales Alley

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 31"86

Undertaker, W H Lingo

Place of Business, 62 East Pr

James A Steuart M. D.

Address, Camp & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

L. C. Fitz-Patrick Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90590 *Office of Registrar of Vital Statistics.* 18 87

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank J. Wright

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 3 *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} N 138 feet Ox.

Cause of Death, First (Primary), Infantile convulsions

Second (Immediate), Convulsions

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Centre

Date of Burial, April 1st 1887

Undertaker, Philip Seewald

Place of Business, 35 S. Eutaw Address, Columbia Ave & Pennsylvania Ave

Thos. S. Alderdice M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9159 *Office of Registrar of Vital Statistics.* 1886

HEALTH DEPARTMENT MAR 30 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Mary Ball

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days* 1

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Dur Life

Place of Death, {Give Street and Number.} 685 Monument st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, May 31

Undertaker, B. Wall

Place of Business, 82 West St

D. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99592 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Hubbard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 0 *Months.* 2 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 13 Byrd Street

Cause of Death, First (Primary), Natural

Second (Immediate), Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Dorchester County M.

Date of Burial, March 31

Undertaker, B. Hard

Place of Business, 62 West St

F. H. Wiley M. D.
Medical Attendant.

Address, 196 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4116 Fremont

...specially directed to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 90593 *Office of Registrar of Vital Statistics.* Ward 31

HEALTH DEPARTMENT MAR 30 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28 — 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Gill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* 7 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 61 N Broadway

Cause of Death, First (Primary), Cirrhosis of Liver

Second (Immediate), Cerebral Effusion (Coupens)

Duration of Last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 31st 1886

Undertaker, H. W. Mears

Place of Business, 22 W. Fayette

E. Hall Nuttidge M. D.
Medical Attendant.

Address, 101 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9059 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 30 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Little

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days*

Color, W

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, {Give Street and Number.} 182 N Calvert

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Harford County MD

Date of Burial, April 1st 1886

Undertaker, J. H. Means

Place of Business, 22 W. Fayette St

J Hattem M. D.

Medical Attendant,

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4117 Bank St

Board of Health, City of Baltimore, 14

OFFICE OF REGISTRATION OF VITAL STATISTICS.

Permit No. 90595

HEALTH DEPARTMENT MAR 31 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, March 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Gado

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and number} 195 Hollins Street

Cause of Death { First, (Primary,) Apoplexy

, { Second, (Immediate,) "

Duration of last Sickness, About Thirty Six hours

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, March 31st 1886

P. S. Fuller M. D.
Medical Attendant.

Undertaker, [illegible] Leonard [illegible]

Place of Business, [illegible] Baltimore *Address,* 507 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21596 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor Bing

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 2 *Months,* *Days*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 369 Hamburg St

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, April 1st. 1886

Undertaker, Th. J. Hill & son

Place of Business, 183 Columbia av. *Address,* 137 N. Carrollton Ave

J. W. C. Cudd, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

10597

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10597 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma C. Garbrick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 10 *Months,* 10 *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 60 S. Stricker St

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, Two (2) Months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, March 31 1896

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

A. L. Price M. D.
Medical Attendant.

Address, 80 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90598 *Office of Registrar of Vital Statistics* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Andreschak

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 28 Fell St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Apr. 1st 86

Undertaker, G. Francy

Place of Business, Bank & Wolfe Sts. *Address,* 243 Aisquith

John H. Rehlaender M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 90599

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90599 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT MAR 31 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Barrett

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 288 Orleans St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 1 1886.

Undertaker, Wm H Hickman

Place of Business, 234 E. Gay St

L H Tuttle M. D.

~~Medical Attendant~~

Address, 101 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90600 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Myers.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 4 *Months,* 17 *Days*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth-Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give Street and Number.} 696 Penna Ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion.

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, M. E. Redeemer

Date of Burial, April 1

Undertaker, C. H. Blizzard

Place of Business, 27 Penn Ave

L. Ricketts M. D.
Medical Attendant.

Address, 55 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...ck of this Certificate.

Health Department, City of Baltimore.

Permit No. 20601 *Office of Registrar of Vital Statistics.* Ward 14/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

14

CERTIFICATE OF DEATH.

Date of Death, Feb 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Nelson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 10 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} Nursery & Child's Hospital

Cause of Death, First (Primary), Mal-nutrition Pertussis

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mar 31

Undertaker, C W Bogard

Place of Business, 201 Penn ave

J. M. Hundley M. D.
Medical Attendant.

Address, 22 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

90602

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 90602

HEALTH DEPARTMENT MAR 31 '86 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Booth

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 53 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Louisiana 4. years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 71 Franklin St

Cause of Death, First (Primary,) Pneumonia (Croupous)

Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 1

Undertaker, C W Blizzard

Place of Business 24 Fountain

J G Wilkinson, *M. D.*
Medical Attendant.

Address, Fayette & Pacaes.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ns is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90603 *Office of Registrar of Vital Statistics.* Ward 4 of 6

HEALTH DEPARTMENT OF BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, March 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred A Hancock

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Liquor Maker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 69 years

Place of Death, {Give Street and Number.} # 52 Holland Street

Cause of Death, First (Primary), Old Age

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2nd 1886

Undertaker, Henry McInnis

Place of Business, # 8 N Central Av *Address,* # 19 Aisquith Street

David F Powell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 0604

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20604 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT MAR 31 '88 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1888.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Katherine Stewart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 3 Brunt St.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 Wks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 1 '88

Undertaker, Walter Immel

Place of Business, 316 N. Biddle St. *Address,* 515 Penna Ave

L. Rickert M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...ne Special Attention ...ysicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 90605 Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT MAR 31 86 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30 - 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lewis Opperman

~~Sex~~, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 47 Years, ~ Months, ~ Days,

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Cigar Maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 237 W. Lexington St.

Cause of Death, { First (Primary), Phthisis

Second (Immediate), "

Duration of Last Sickness, 9 months

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 1

{ Undertaker Walter Immel

{ Place of Business, 315 West Biddle St Address, 108 Park ave.

F. Woodward M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

90606

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90606 *Office of Registrar of Vital Statistics* Ward 14

The Physician who attended any person in a last illness, is responsible for the delivery of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Signed Certificate.

HEALTH DEPARTMENT MAR 31 1886 BALTIMORE MD.

a.

CERTIFICATE OF DEATH.

Date of Death, March 31. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Davis.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days*

Color, White.

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md — ✓

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give Street and Number.} 37 Arlington Ave

Cause of Death, First (Primary),

Second (Immediate), Meningitis Acuta

Duration of Last Sickness, 1 mo.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, April 1st 1886

Undertaker, J Boardman Son

Place of Business, No 59 N Schroeder St

Edw. Lanny M. D.
Medical Attendant.

Address, 242 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90687 *Office of Registrar of Vital Statistics.* Ward 8 11/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 86 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Lapp

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 y *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Convict

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} Maryland Penitentiary

Cause of Death, First, (Primary,) Suicide, by jumping from a higher man, thereby fracturing spine

Second, (Immediate,) Compound comminuted fracture of arm + bruises of the nates. Abrasions + injuries that are unremarkable

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Mar 31/86

Undertaker, Jos B Evans

Place of Business, 707 N. Balto St

Silas Baldwin M. D.,
Medical Attendant.

Address, 1[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

90608

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90608 *Office of Registrar of Vital Statistics.* Ward 2 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, March 30 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Bon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days* J

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 251 S Bond St

Cause of Death, First (Primary), Pulmonar Hart Trouble

Second (Immediate),

Duration of Last Sickness, about 18 months

All the above information should be furnished by the Physician.

Place of Burial, Ev. Pub Cemet

Date of Burial, April 1st 86 C. H. Luther M. D.

Undertaker, W. A. Sisson

Place of Business, Health Office *Address,* 101 N Broadway

~~Medical Attendant~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90609 *Office of Registrar of Vital Statistics.* Ward 3 U

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Steiner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* 7 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Backer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} 34 S. Dallas st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, St Matthew Cemetery

Date of Burial, April 1st 1886

Undertaker, Fred Gaede

Place of Business, 27 S. Caroline

L. O. Whitemarsh M. D.
Medical Attendant.

Address, 42 S Edeo st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90619 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 1 1886 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, March 31/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ellen Rush

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Gen. Wayne Hotel Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} Gen. Wayne Hotel Cor. Pacca & Baltimore St.

Cause of Death, First (Primary), Lunatic

Second (Immediate), "

Duration of Last Sickness, Feeble from Birth

All the above information should be furnished by the Physician.

Place of Burial, Washington D. C.

Date of Burial, April 1st 1886

Undertaker, Sharry & Mylander

Place of Business, 530 W Fayette St

T. Chew Worthington M. D.
Medical Attendant.

Address, 37 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4119 Harrison

...ack of this Certificate.

Health Department, City of Baltimore.

Permit No. 9961 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

a

Date of Death, March 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L. Keys

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months.* *Days*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 262 McDonough n

Cause of Death, First (Primary), Rubeola

Second (Immediate), Acute Pneumonia

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lowe Cemetery

Date of Burial, April 1886

Undertaker, William N Dorsey

Place of Business, 62 East St

Wm. L. Russell M. D.
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

90612

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90612 *Office of Registrar of Vital Statistics.* Ward 19th

HEALTH DEPARTMENT APR 1 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Bosler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, in his 85 *Years,* *Months,* *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Librarian Bd. School Commissioners

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give Street and Number.} 215 N Keary St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Probably paralysis of the Heart

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 1/86

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette

Elias C Price M. D.
Medical Attendant.

Address, 267 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore, 20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 1 1886

Permit No. 90613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ezekiel Jones

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Captain of Sailing Vessel

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, about 60 years

Place of Death, {Give street and number} 196 Arlington Ave

Cause of Death, First, (Primary,) Disease of Urinary Organs & Dropsy

Second, (Immediate,) Exhaustion

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Apr 2nd 1886

E. J. Free M. D.
Medical Attendant.

Undertaker, D Emmy & Mitchell

Place of Business, 500 W Fayette St *Address,* 122 N Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0744.]

of this Certificate.

Board of Health, City of Baltimore, 1886

Permit No. 90614

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 1 1886

BOARD OF HEALTH BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester L. Frederick

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 138 N. Stricker St.

Cause of Death, First, (Primary.) Acute Metritis

Second, (Immediate,) " Peritonitis

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y.

Date of Burial, Apl 2nd 1886

Undertaker, Delany & Mitchell

Place of Business, 550 W Fayette St

John J. King M. D.
Medical Attendant.

Address, 215 N. Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

1613

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90615 *Office of Registrar of Vital Statistics.* Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE APR 1 1886

D

CERTIFICATE OF DEATH.

Date of Death, 1 April 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Araminta Wilmer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 45 yrs.

Place of Death, {Give Street and Number.} 162 n Chester st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, Unknown

All the above Information should be furnished by the Physician.

Place of Burial, M.A. Cemetery

Date of Burial, Thurs 3rd

Undertaker, John C Schuh B. F. Conrad, M. D.

Medical Attendant.

Place of Business 265 Aliceanna Address, 300 E. Bute st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE APR 1 1886

Permit No. 9616 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, March 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Walker

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 46 *Years,* *Months,* *Days*

Color, black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, 7 yrs.

Place of Death, {Give Street and Number.} 21 Aisquith

Cause of Death, First (Primary), Bronchitis

Second (Immediate), asthenia

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 2. 1886

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Gay St. *Address,* 1403 Eden

D Street M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE APR 1 1886

Permit No. 90617 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 1. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Louisa Brooks

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md. Howard Co. Md.

Duration of Residence in the City of Baltimore, Five yrs.

Place of Death, {Give Street and Number.} 73 S. Dueineair Ave.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Hemorrhage

Duration of Last Sickness, Unable to state

All the above information should be furnished by the Physician.

Place of Burial, E. Balt. Cemetery

Date of Burial, April 1st 1886

Undertaker, M. A. Sisson

Place of Business, Health Office *Address,* 392 E. Balto St.

G. G. Keyser M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

near McElderry

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 10618

Health Department, City of Baltimore.

Permit No. 10618

Office of Registrar of Vital Statistics.

Ward 10

HEALTH DEPARTMENT APR 1 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 31st '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Stephney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ Eleven *Months,* ~~Days~~

Color, Brown

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give Street and Number.} No. 55 Arch St.

Cause of Death, First (Primary), Catarrh

Second (Immediate), Croup

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, April 1st 1886

Undertaker, Alex Kennedy

Place of Business, 116 Orchard St

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90619

Office of Registrar of Vital Statistics.

Ward 11

HEALTH DEPARTMENT APR 1 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mar 31, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Payne Jr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 4 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, ~~Child~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 58½ St. Mary

Cause of Death, First (Primary), Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 1st 1886

Undertaker, Alex Hemsley

Place of Business, 16 Orchard St

Geo A Gemmy M. D.
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90620 *Office of Registrar of Vital Statistics.* APR 1886 Ward 12 I

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

H

CERTIFICATE OF DEATH.

Date of Death, March 31st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah James.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 51 Years. *Years,* ——— *Months,* ——— *Days*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Green Spring Valley, Baltimore Co. Md

Duration of Residence in the City of Baltimore, about 20 Years.

Place of Death, {Give Street and Number.} Good Samaritan Hospital (Monument & Linwood Ave)

Cause of Death, First (Primary), Acute Rheumatism & bed sores.

Second (Immediate), Exhaustion.

Duration of Last Sickness, about 2½ Months.

All the above information should be furnished by the Physician.

Place of Burial, Harmony Cemetery

Date of Burial, April 1st 1886

Undertaker, Alex. Hendry

Place of Business, 116 Orchard St

Edward E. Mackenzie M. D.
Medical Attendant.

Address, 69 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9062 *Office of Registrar of Vital Statistics* 1886 Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

9

CERTIFICATE OF DEATH.

Date of Death, March 31 — 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Cox

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchandise Broker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City — Maryland.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Barnum's Hotel

Cause of Death, First (Primary), Suicide by pistol shot wound, ball enter-

Second (Immediate), ing Rht. temple & passing out left. —

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, April 2nd 1886

Undertaker, H.W. Jenkins & Sons

Place of Business, Park & Saratoga Sts *Address,* Office

D. A. Hill, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90624 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Wednesday March 31st 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gabriella Oliver

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* *Months,* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Midwife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 43 Years

Place of Death, {Give Street and Number.} 218 N. Eden St.

Cause of Death, First (Primary), Chronic Cerebral Softening

Second (Immediate), Coma & Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2nd 1886

Undertaker, Jas O Byrne

Place of Business, 63 N Front

Wilmer Brinton M. D.
Medical Attendant.

Address, Chas St & Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

10623

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90623 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, (

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion

Duration of Last Sickness, Life —

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, April 1st 1886

Undertaker, Hammond Lake

Place of Business, Division St. *Address,* Madison & Caldwell

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90624 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1886 BALTIMORE MD.

94

CERTIFICATE OF DEATH.

Date of Death, March 31/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charley —

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), Purpura.

Second (Immediate), Hemorrhage

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, April 1st 1886

Undertaker, Hammond Lake

Place of Business, Division St.

R. H. Goldsmith M. D.
Medical Attendant.

Address, Madison & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Specific ... Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10625 *Office of Registrar of Vital Statistics.* Ward 10"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 31 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas A Ayg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* 8 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 184 Pine St

Cause of Death, First (Primary), Alcoholism

Second (Immediate), Pneumonia

Duration of Last Sickness, one week

All the above in[illegible]

Place of Buri[illegible]

Date of Buri[illegible] 4/2/86

Undertaker, [illegible] Hauder

Place of Business, 556 Saratoga

H F Price M. D.
Medical Attendant.

Address, 238 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90626 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R. Disney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nailer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. County

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} 220 Chew St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing A. & A. Co

Date of Burial, April 2d

Undertaker, E. A. Schilling

Place of Business, 14th Canal Square

Edwin B. Jenby M. D.
Medical Attendant.

Address, 283 N. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90627 *Office of Registrar of Vital Statistics* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mark Reade

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* 5 *Months,* 25 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Moulder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England 67 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 344 W. Lombard St.

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Apoplexy

Duration of Last Sickness, Half an hour

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Apr. 2/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 146 Monument St

Signed Edward Coale M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90628 *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT APR 1 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Coffey Murphy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give Street and Number.} 135 Wagville St

Cause of Death, First (Primary), Child birth (Midwife)

Second (Immediate), Child bed fever

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, April 2d 1886

Undertaker, J. B. Cook

Place of Business, near Schroeder's Baltimore St

J. J. Lichtenau M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90629 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mch 31/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Lohmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months.* *Days*

Color, white

~~Married, Single~~, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 31 years

Place of Death, {Give Street and Number.} 90 Rear Alley

Cause of Death, First (Primary), Chronic Diarrhea

Second (Immediate), Asthenia

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 2 D. Miller M. D.

Undertaker, Walter Immel Medical Attendant.

Place of Business, 316 West Baltimore *Address,* 188 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90630 *Office of Registrar of Vital Statistics.* Ward 8 4

HEALTH DEPARTMENT APR 1 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucey E. Baker

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 413 Barclay St.

Cause of Death, First (Primary), Rheumatism of the heart

Second (Immediate), Cardiac asthenia.

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 1/86

Undertaker, Chas. L. Scrivin

Place of Business 21 N. Eutaw *Address,* 209 Maryland Ave

H. O. Thomas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90631 *Office of Registrar of Vital Statistics.* Ward 16 c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, March 30 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Jane Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, about 22 years

Place of Death, {Give Street and Number.} 65 Leadenhall St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia of the Lungs

Duration of Last Sickness, about 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 1st 86

Undertaker, Geo P Perkins

Place of Business, 221 Hanover St

Address, Southern Ave

J. H. White. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90632 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* 9 *Months,* 15 *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 50 East St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, About 4 years

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, April 1 1886

Undertaker, C. H. Chase

Place of Business, 1 E Howard St

N. H. Goodman M. D.
Medical Attendant.

Address, 610 W Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90633

Office of Registrar of Vital Statistics

Ward 3

The Physician who attended any person in a last illness, is responsible for the ... to the Undertaker or other person superintending the burial, within *twenty-four* ... requested so to do, under penalty of law. ... accurately filled out ... after the death of said ... ceased, or sooner, if

No Permit for Burial can be Obtained without a Properly Certified ...

HEALTH DEPARTMENT APR 1 1886 BALTIMORE MD.

CERTIFICATE OF ... DEATH

Date of Death, April 1 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Callins Duffield

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 3 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 1 N. Carlton

Cause of Death, First (Primary), Premature birth - 6 D. Second (Immediate), Fever

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laudenbush

Date of Burial, April 86

Undertaker, Thos Tony & Sons

Place of Business, N. 263 Lafayette Av

G. L. Brinton M. D.
Medical Attendant.

Address, 77 S. Green

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20634 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H. Sheehan

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give Street and Number.} 160 Lindenbank ave

Cause of Death, First (Primary), Inflammation of Middle Ear

Second (Immediate), Meningitis

Duration of Last Sickness, Seventeen days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 3 1886

Undertaker, [illegible]

Place of Business, 22 W Fayette

William Lee M. D.
Medical Attendant.

Address, 339 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90635 *Office of Registrar of Vital Statistics.* Ward 81

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1 1886 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, Thomas Lyons March 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Lyons

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 91 W. Biddle st

Cause of Death, First (Primary), ~~Old Age~~ Cerebral Hemorrhage

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 3rd 91

Undertaker, H. W. Mears

Place of Business, 22 W. Fayette *Address,* 115 W. Monument st

E. O'Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90636 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McGinnis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labourer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland (34 yrs in America

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Fatty degeneration of heart

Second (Immediate), Apnoea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Barnum Bracken

Date of Burial, April 2. 1886

Undertaker, Martin Fahey

Place of Business, 128 Lowndes St *Address,* 188 N Eutaw St

Oscar J Lokey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90637 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 31 March 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernst Ebeling

Sex; Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* 2 *Months,* 8 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Taylor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 157 Mulberry St

Cause of Death, First (Primary), Pericarditis exudativa

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, I saw him three days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, April 2 86

Undertaker, Andrew Rohde

Place of Business, 48 Pennsylvania ave

D. B. Thomas M. D.
Medical Attendant.

Address, 120 East St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90638 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 1 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH

Date of Death, April 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Bichert

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 926 Bank St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Brain fever

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2d 1886

Undertaker, Geo Lainhart

Place of Business, 384 W Balto St

Z. W. Webner M. D.
Medical Attendant.

Address, 298 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20639 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Evans

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 57 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 8 Hull St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 8 Hull St

Cause of Death, First (Primary), Congestion Lung

Second (Immediate), Consumption

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 2

Undertaker, B. Hark

Place of Business, 82 West St

C. B. Noble M. D.
Medical Attendant.

Address, 82 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 10640

Health Department, City of Baltimore.

Permit No. 10640

Office of Registrar of Vital Statistics.

Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation to this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, March-31-1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Vendrick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* — *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Saloon-Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N. Germany

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give Street and Number.} Cor Howard & Willemse alley

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, April 2/86

Undertaker, M. Flunk

Place of Business,

G. F. Taylor M. D.
Medical Attendant.

Address, 234 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9064 *Office of Registrar of Vital Statistics.* Ward 18

APR 2 1886

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Vahle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 399 Mass St

Cause of Death, First (Primary),

Second (Immediate), Meningitis (Tubercular)

Duration of Last Sickness, 1 day 10 hrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 4th

Undertaker, F. N. Groll

Place of Business, 131 Hanover

Edward Cotter M. D.
Medical Attendant.

Address, 446 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20642 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. APR 2 1886

CERTIFICATE OF DEATH.

Date of Death, April 1 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Casper Sonneborn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 84 Hanover

Cause of Death, First (Primary), Croup. (Inflammatory)

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 2nd

Undertaker, F. W. Ford

Place of Business, 131 Hanover St. *Address,* 101 Hanover

H. V. Webster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 90643 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 2 1886

CERTIFICATE OF DEATH.

Date of Death, April 5th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rachel Longmire Smothers

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ——— *Years,* ——— *Months,* 8 *Days,*

Color Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~

Occupation ~~Domestic~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 407 N. Charles St

Cause of Death, First (Primary), Non development

Second (Immediate), ~~Atrophy~~ Debility or Cerebro Spinal

Duration of Last Sickness, Life

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2 1886

Undertaker Hercules Ross

Place of Business, 95 Conway St

Geo H. Dixon M. D.
Medical Attendant.

Address, 1617 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9062 4 *Office of Registrar of Vital Statistics.* Ward 16 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 2 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L. Brooks

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbott Co Md

Duration of Residence in the City of Baltimore, 12 or 13 yrs

Place of Death, {Give Street and Number.} 110 Fremont St

Cause of Death, First (Primary), Asthma

Second (Immediate), w/ D Disease of the heart

Duration of Last Sickness, Chr

All the above information should be furnished by the Physician.

Place of Burial, Church & Cemetery

Date of Burial, April 2 1886

Undertaker, Hercules Ross

Place of Business, 96 Gay St

Jno S Bell M. D.
~~Medical Attendant.~~
Coroner

Address, 161 Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90675 *Office of Registrar of Vital Statistics.* Ward 3rd

HEALTH DEPARTMENT APR BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Aorin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* 19 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} No 115 S. Spring

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Lotbury Cemetery

Date of Burial, April 2nd 1886

Undertaker, [illegible]

Place of Business, 46 East Pratt St

Whitefield Winsey M. D.
Medical Attendant.

Address, 115 E Hoyt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90646 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Sanders

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 16 *Days*

Color, cd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 23 Vincent Alley near Fayette

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Marys St Cemetery

Date of Burial, April 1/86

Undertaker, W. N. Dunges

Place of Business,

Thomas A Steuart M. D.

Address, Cam[illegible] & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo. E Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90647 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Means

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 49 n Parrish alley

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp st cemetery

Date of Burial, April 2d 1886

Undertaker, Wm St Dingle

Place of Business, 62 East st

James Boulay M. D.
Medical Attendant.

Address, 319 Hallowell

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90648 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT APR 2 1886 BALTIMORE, MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 31 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Catherine Johnston

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 5 Otting St

Cause of Death, First (Primary), ...

Second (Immediate), Rheumatism & Heart disease

Duration of Last Sickness, about 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 3/86

Undertaker, Chas T Denver

Place of Business, 211 S Eutaw

WK Warner M. D.
Medical Attendant.

Address, Cor Lafayette Ave & Stricker

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90649

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate accurately filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 2 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 1st. April 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Howard Richardson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Fifteen (15) Months, Days

Color, Colored.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} No 33. Oxford St. Baltimore.

Cause of Death, First (Primary), Infantile Catarrh.

Second (Immediate), Senile Capillary Bronchitis.

Duration of Last Sickness, About two (2) months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, April 2 1886

Undertaker, Alex Hunter

Place of Business, 116 Arch St.

W. C. VanBibber M. D.
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully [illegible] on the reverse side, [illegible] on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90650 *Office of Registrar of Vital Statistics.* Ward 12th

APR 2 1886

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 31, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Fitzhugh

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} ~~Male~~ Female

Age, — 2 *Years,* — *Months,* — *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 40 Oxford St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharpley

Date of Burial, Apr 2 1886

Undertaker, Alex Hunter

Place of Business, 116 Graham [illegible] *Address,* 307 Madison Ave

B. B. Browne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20651 *Office of Registrar of Vital Statistics.* Ward 10

HEALTH DEPARTMENT APR 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosie Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} baby

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 83 Jasper

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give Street and Number.} 83 Casper st

Cause of Death, First (Primary), Convulsions Congestion

Second (Immediate), Col

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Shar-St

Date of Burial, Apr 2 1886

Undertaker, Alex Hennessy

Place of Business, 116 Orchard

M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

of this Certificate.

Board of Health, City of Baltimore.

Permit No. 20657

Office of Registrar of Vital Statistics.

3 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT APR 1886 BALTIMORE MD.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of paronts. } Gnelius Snowden

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ~~~ *Years,* Three *Months,* Twenty one *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~

Occupation, ~~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 15 S. Spring St

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2/86

Undertaker, James E. Grace

Place of Business, 142 S. Caroline St

F. E. Brooks M.D.,
Medical Attendant.

Address, 241 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90653 *Office of Registrar of Vital Statistics.* Ward 1 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 2 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, March 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Malone

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} United States.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 45 Eliza St.

Cause of Death, First (Primary), ...

Second (Immediate), Bronchitis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, April 2nd 86

Undertaker, M. Lenahan

Place of Business, 72 S Eden

E. J. Lemmy M. D.
Medical Attendant.

Address, 56 Eliza St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20654 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 2 / 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charley Stockeman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Spring St 131 South

Cause of Death, First (Primary), Burnt

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cy

Date of Burial, April 4 1886

Undertaker, Mitchell Frank

Place of Business, 35 Bank St

John A Schultz M. D.
Medical Attendant.

Address, 11 E Pr Lombard Ellen

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Re... ...eases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90655 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRY DEPT. APR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 3, 31, 86,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Kate

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 *Years,* ——— *Months,* ——— *Days,*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, { Give street and Number. } 99 Parkin

Cause of Death, First, (Primary,) Age &

Second, (Immediate,) a year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 2 1886

Undertaker, Jos F Byrne

Place of Business, 529 Lib

[signature] M. D.,
Medical Attendant.

Address, 349 Lex

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20656 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Simpson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 10 Prune St

Cause of Death, First (Primary), old age

Second (Immediate), Gastralgia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 3rd 1886

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St.

Jas. E. Gibbons M. D.
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

16"

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 90657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Femal

Age, 35 *Years,* — *Months,* — *Days.*

Color, Colrd *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} 86 Dover St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 2nd 1886

Undertaker, Saml W. Chase

Place of Business, 198 S. Howard St

I Edward Kirby M. D.
Medical Attendant.

Address 82 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to Entry of Disease on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90638 *Office of Registrar of Vital Statistics,* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1886 BALTIMORE, MD.

97

CERTIFICATE OF DEATH.

Date of Death, April 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McNamara

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Sixty-six *Years,* Six *Months,* — *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Coonier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Uncertain

Place of Death, {Give Street and Number.} Maryland Penitentiary

Cause of Death, First, (Primary,) Cancer

Second, (Immediate,) Septicemia

Duration of Last Sickness, about three years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 2 d

Undertaker, H. C. Winchfield

Place of Business, 100 Greenmt-

Silas Baldwin M. D.,
Medical Attendant.

Address, 152 Townsend st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90659 *Office of Registrar of Vital Statistics.* Ward 12 C

HEALTH DEPARTMENT BALTIMORE MD APR 2 1886

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, ~~Sarah~~ April 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Addison

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 7 *Months.* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cecil Co. Md

Duration of Residence in the City of Baltimore, About 60 years.

Place of Death, {Give Street and Number.} 4 McMechin St.

Cause of Death, First (Primary),

Second (Immediate), Organic Dis Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, April 3d 1886

Undertaker, John J. Mackey

Place of Business, 150 Camden St

J W. Owings M. D.
Medical Attendant.

Address, 364 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Returns below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90660 *Office of Registrar of Vital Statistics.* Ward 7 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 2 1886

B

CERTIFICATE OF DEATH.

Date of Death, April 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Dobson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 5 *Months,* *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, a

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 284 N. Bond St

Cause of Death, First (Primary), Heavy cold on Throat & Lungs.

Second (Immediate), Broncho-Pneumonia & Exhaustion

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2d 86

Undertaker, Chas S Fry

Place of Business, 57 W Broadway

James R Andrew M. D.
Medical Attendant.

Address, 121 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90661 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne E Leipsomb

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 4 years

Place of Death, {Give Street and Number.} No 8 Edmondson Ave

Cause of Death, First (Primary), Consumption

Second (Immediate), "

Duration of Last Sickness, About 4 years

All the above information should be furnished By the Physician.

Place of Burial, Stone Chapel Balto Co Md

Date of Burial, March 3rd 1886

Undertaker, Stewart & Warren

Place of Business, 35 Park ave

E C Price & Son M. D.s
Medical Attendant.

Address, 762 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90662 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Pratt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give Street and Number.} No. 1944 S. Chapel

Cause of Death, First (Primary), [illegible]

Second (Immediate), Consumption

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 2nd 1886

Undertaker, W. Lunday Son

Place of Business, 652 Baltimore

M. D.
Medical Attendant.

Address, 24 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Special Attention of Physicians is respectfully invited to the ... Certificate.

Health Department, City of Baltimore.

Permit No. 90663 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, April 1

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Schaffer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give Street and Number.} 533 Saratoga St

Cause of Death, First (Primary), Old Age

Second (Immediate), —

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 2 1886

Undertaker, Jos. McCoach

Place of Business, 707 W. Balto. St.

Robt. K. Kucas M. D.
Medical Attendant.

Address, 634 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9066 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 31 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Jacobson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Peddler

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 36 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 15 N. Eldridge St

Cause of Death, First (Primary), Heart disease

Second (Immediate), Exhaustion

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Forest St Cemetery

Date of Burial, April 2

Undertaker, Ahrens

Place of Business, 28 Light St. *Address,* 196 E. Baltimore

Wm N. Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20665 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Norrigan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Steamman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years about

Place of Death, {Give Street and Number.} 90 Albemarle St

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, about 3 Mo

All the above information should be furnished by the Physician.

Place of Burial, St Patrics

Date of Burial, April 1st 86

Undertaker, W. Breas

Place of Business, 22 N. Eutaw St *Address,* 171 N Calvert St

Geo. B. Reynolds *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 6 0

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 2 1886 BALTIMORE MD.

Permit No. 20666 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Moran

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All 56 Years

Place of Death, {Give Street and Number.} 124 NO Eldery Street

Cause of Death, First (Primary), Cancer of Breast

Second (Immediate),

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, April 3d 1886

Undertaker, Henry F. Means

Place of Business, #22 W. Fayette St *Address,* [illegible]

Hall Reed M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90667 *Office of Registrar of Vital Statistics,* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1886 BALTIMORE MD.

9

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ✓ Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Corner of Preston and Wolfe sts

Cause of Death, First (Primary), Congenital debility of Heart

Second (Immediate), Cyanosis

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cem

Date of Burial, April 2nd 1886

Undertaker, A Fink & Son

Place of Business, 461 N Gay st *Address,* [illegible] Balto M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M McKeown Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20668 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1886 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, April 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. Henry Carter

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 46 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Oyster Shucker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va —

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give Street and Number.} 56 Little William

Cause of Death, First (Primary), ?

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 2 Wks —

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cem.

Date of Burial, April 2nd 86

Undertaker, F. F. Kirchner James A Steuart M. D.

Place of Business, City Hotel *Address,* Camden & Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

J. W. Thomas
Jos Vaughan

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20669 *Office of Registrar of Vital Statistics.* Filed 7 11

HEALTH DEPARTMENT APR 2 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Supposed to be about the first of Feb - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of paronts.} Henry Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, 27 *Years,* *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Waterman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Not Known

Place of Death, {Give Street and Number.} was Taken out of the water foot of Wolf St

Cause of Death, First (Primary), Accidental drowning

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E-Pub Cemetery

Date of Burial, April 2nd 1886

Undertaker, H. A. Dixon

Place of Business, Helth Office *Address,* 111 E Broadway

E. J. Ruddy M. D.

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20671 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Meierofski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, a

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Celz

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 254 1/2 S. Bond St

Cause of Death, First (Primary), Entero-colitis

Second (Immediate), Anaemia

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, St Helenas Cemetery

Date of Burial, April 3th 86

Undertaker, Felix Brzoskowski

Place of Business, 215 S Bond *Address,* 243 Aliceanna

John H. Lehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90670 *Office of Registrar of Vital Statistics.* 189

HEALTH DEPARTMENT
APR 2 1895
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 2, 95.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Tilley.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Rear of 371 Cross St.

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2nd 1895

Undertaker, Saml H. Chase

Place of Business, 193 S. Howard St.

C. L. Booze M. D.
Medical Attendant.

Address, 177 Shapes St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90674 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, April 1st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Honora Talbott

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 692 Hampton St.

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel P.G. Co. Md.

Date of Burial, April 4th 1886

Undertaker, Dunn & Mitchell

Place of Business, Fayette & Carrollton Aves. *Address,*

D. J. Linthicum *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4/12 Transcript

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90673 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, April 1st 1886 - 6 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane M. Goldsborough

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give Street and Number.} 3) W. Eager St.

Cause of Death, First (Primary), Cerebral Hemorrhage - R. Hemiplegia

Second (Immediate), Cerebral Hemorrhage

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 3rd 1886

Undertaker, Neal Foster & Ro

Place of Business, Park & Saratoga *Address,* 4) Franklin St

Chas R. Van Bibber M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to tho Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90674. *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Wednesday March 31st. 82.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Cannody

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cigar Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 Years.

Place of Death, {Give Street and Number.} Greenmount Ave & Madison St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Six months.

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 3d

Undertaker, H. C. Wiedefeld

Place of Business, 10 Greenmount Ave

Wilmer Brinton M. D.
Medical Attendant.

Address, Chas St & Fayette Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9475 *Office of Registrar of Vital Statistics.* Ward 1

HEALTH DEPARTMENT APR BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ada Wolford

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 4 *Years,* 5 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} 1

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 418. E. Lombard st

Cause of Death, First (Primary), (Pseudo Membranous Croup)

Second (Immediate),

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mount Lowe Cem

Date of Burial, April 4. 86

Undertaker, H. Lowe & Son

Thomas B. Evans, M. D.
Medical Attendant.

Place of Business, 252 Eastern Ave *Address,* 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9676 *Office of Registrar of Vital Statistics.* Ward 6

HEALTH DEPARTMENT APR 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, April 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hemley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 15 *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 111 N. McElderry St

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 2d 1886

Undertaker, H. Saudenson

Place of Business, 262 Canton Ave *Address,* 132 Wilson St

D. D. Griffis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 9677

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9677 *Office of Registrar of Vital Statistics.* Ward 34

HEALTH DEPARTMENT APR 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of, this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Blake

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* 8 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md. Co.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1112 E. Pratt St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy.

Date of Burial, April 3/86

Undertaker, Wm Blinkamp

Place of Business, 250 E. Lombard *Address,* 2[illegible] E Baltimore

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90678 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT APR 3 1886 BALTIMORE, MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

A

CERTIFICATE OF DEATH.

Date of Death, April 2. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Keyser

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} S. W. Oregon & Ky

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, April 4/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 319 Wallis Av

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90680 *Office of Registrar of Vital Statistics.* Ward 9

HEALTH DEPARTMENT APR 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, April 2nd, 1886,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Delanty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* *Months,* *Days*

Color, White ✓

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Lumber Business

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. " "

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Strangulated Hernia

Second (Immediate), Peritonitis

Duration of Last Sickness, 60 hrs

All the above information should be furnished by the Physician.

Place of Burial, London Park.

Date of Burial, April 3rd 1886

Undertaker, C. F. Kraus & Son

Place of Business, 209 Hanover St

William J. Gorman M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90681 *Office of Registrar of Vital Statistics.* Ward. 10

HEALTH DEPARTMENT APR 3 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Jr. Boundy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 1 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 192 N. Fremont St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 30 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 4th/86

Undertaker, W. Cadbeare

Place of Business, Chatsworth's *Address,* 23 E. Madison

H. F. Hill *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

7

Permit No. 90682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 3 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, April 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C Russell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 263 N Broadway

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, I attended her 1 Month

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Richd Sappington M. D.

Date of Burial, April 3/86 Medical Attendant.

Undertaker, H. C. Windefeld *Address* 132 N Gay St

Place of Business, 100 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90683 *Office of Registrar of Vital Statistics.* 16

HEALTH DEPARTMENT APR 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Velma E. Fisher.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 219 Lee St

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 3rd 1886

Undertaker, Wm J Pickrell

Place of Business, 65 S. Eutaw

R. J. H. Hall M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90684 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 2nd April

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William W. Tall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 4 *Days* 1

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 75 Williamst

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, [redacted] 4th 1886

Undertaker, Timothy Leary

Place of Business, 260 Light St

H W Nebler Jr M. D.
Medical Attendant.

Address, 101 Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90685 — *Office of Registrar of Vital Statistics.* — Ward 15th

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maxie Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Fem

Age, 2 *Years,* 3 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 43 S. Chester St

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Evangelical

Date of Burial, April 3d 1886

Undertaker, H. Saunderson — H. Benzinger M. D.

Place of Business, 252 Canton Av *Address,* Fells Point — Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90686 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. H. C. Mace

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 2 *Months,* 4 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 150 N. Eden St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, April 5th

Undertaker, Geo. Schilling

Place of Business, Ashland Square *Address,* 139 Eden St

J. F. Lewis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20687 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. APR 3 1886

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw. E. Illman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} √

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 27 Holbrook St

Cause of Death, First (Primary), Bronchitis Chronica

Second (Immediate), Marasmus

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 4th "

Undertaker, A. Pinkert & Son

Place of Business, 1161 W. Balto St

C. W. Silver M. D.
Medical Attendant.

Address, 101 Eager Corner Carlisle

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20688 *Office of Registrar of Vital Statistics,* 20 4

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aly. Myers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Black Smith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 5 - 7 years

Place of Death, {Give Street and Number.} 22 Patterson Lane

Cause of Death, First (Primary), Typhoid Malaria

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Forest Home

Date of Burial, April 3 9

Undertaker, Walter Simmel

Place of Business, 315 W. Baltimore *Address,*

A D Hurst *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificat

Board of Health, City of Baltimore,

Permit No. 90689 ; *Office of Registrar of Vital Statistics.* Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 86 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1. 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Conrad Stumph

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 68 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation Shoemaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, { Give street and Number. } 202 Preston Street

Cause of Death, First (Primary), Cardiac disease

Second (Immediate), Chronic Bronchitis.

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 4

Undertaker Walter Immel

Place of Business, 315 West Biddle Address, 68 McCulloh

Mahlon Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 90690. *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the prompt delivery of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 80 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md

Duration of Residence in the City of Baltimore, 50 or 60 yrs

Place of Death, {Give street and Number.} 79 Jasper St

Cause of Death, First (Primary). Acute Bronchitis

Second (Immediate). Asthenia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Apr 3 1886

Undertaker Chas Hemsley

Place of Business, 116 Orchard

Eugene F. Cordell M. D.
Medical Attendant.

Address, 86 Oak Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Cover 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20691 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 3 1896 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Kluge

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* 24 *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} 503 W Baltimore St

Cause of Death, First (Primary), Indigestion Hyperaemesis

Second (Immediate), Hyperemesis Heartclot

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 4-96

Undertaker, John Tayler & Son

Place of Business, No 379 W Pratt St Address 258 Madison Ave

Attended A B M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 90692

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90692 *Office of Registrar of Vital Statistics.* 1886 Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE APR 1886

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hampton Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 15 0 N. Dallas St

Cause of Death, First (Primary), Pneumonia + Measels

Second (Immediate), Convulsions

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, April 3rd

Undertaker, John E. Grace

Place of Business, 1423 Caroline St.

Edwin B. Feast M. D.
Medical Attendant.

Address, 283 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 90693 *Office of Registrar of Vital Statistics* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the prompt return of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 13 1886, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apl 1. 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alfred Singleton

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 1 *Years,* 8 *Months,* 3 weeks 5 *Days,*

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Butler Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 7 Fine St

Cause of Death, First (Primary), Teething

Second (Immediate), Convulsions

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Mount St. Cemetery

Date of Burial, April 4th 1886

Undertaker Saml W. Chase

Place of Business, 198 S Howard St

Henry Chandlee M. D.
Medical Attendant.

Address, 181 Linden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90694 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 3 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 3d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph Holzer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 6 *Years,* + *Months,* *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Assistant in Shop

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 185 Eutaw St N.

Cause of Death, First (Primary), Angina Pectoris

Second (Immediate), Spasm = Death immediate

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Barnie Bracem

Date of Burial, April 5. 1886

Undertaker, Martin Fahey

Place of Business, 128 Lowndes *Address,* 121 W Fayette St

Dr L E Veale M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90695 *Office of Registrar of Vital Statistics* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 86 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2, 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Cooper.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, / *Years,* / *Months,* 10 *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 202 York St.

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3rd 86

Undertaker, Chas Perkins

Place of Business, 220 Hanover *Address,* 177 Shark St.

C. L. Booze M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90696 *Office of Registrar of Vital Statistics.* Ward 15th

HEALTH DEPARTMENT
APR 5 86
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~March~~ April 2 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas A. Cromwell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days*

Color, Red

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 4 Yrs

Place of Death, {Give Street and Number.} 3 Redmans Ct

Cause of Death, First (Primary), Marasmus

Second (Immediate), Abscess

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Work at Cemetery

Date of Burial, April 4th 86

Undertaker, Henry Berkins

Place of Business, 221 Hanover St *Address,* Greene & Malberry Sts

Robt Ellis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90697 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Boswell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Montgomery Co. Md.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} 103 S Fremont St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 6 Months.

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing

Date of Burial, April 4. 1884 Melvill Church Cem. Govanstown

Undertaker, Th. J. Dill & Son

Place of Business, 183 Columbia Ave

H. W. Webner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90698 *Office of Registrar of Vital Statistics.* Ward 13 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 3 '86 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 3 of April 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilian Sefrus Buechner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 5 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 120 Raborg St

Duration of Residence in the City of Baltimore, 1 5 Months

Place of Death, {Give Street and Number.} 120 Raborg St.

Cause of Death, First (Primary), Dyspepsia and Tu

Second (Immediate), convulsions

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, April 4 1886

Undertaker, P. J. Dill

Place of Business, 183 Columbia St.

L. L. Heldrman M. D.
Medical Attendant.

Address, 120 East Ba

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate. No. 7069

Health Department, City of Baltimore.

Permit No. 90699 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2-1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Lane.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 7 *Months,* 16 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 38 Marion St.

Cause of Death, First (Primary), Marasmus,

Second (Immediate),

Duration of Last Sickness, About 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 3rd

Undertaker, John F. Bowman

Place of Business, 89 Lexington St. *Address,* 75 Franklin St.

Jno. S. Fay, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90700 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 3 1896 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1896

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John McGraw

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* 8 *Months,* *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Gardener

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give Street and Number.} 111 Hollins St

Cause of Death, First (Primary), Asthma

Second (Immediate), Heart Failure

Duration of Last Sickness, For years

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial April 4th

Undertaker, John J Cowan

Place of Business, 89 Hollins St

Chas E Statler M. D.
Medical Attendant.

Address, 565 S Mt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9070 / *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cook Elkins Fant

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Brickmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} On Light & Barney sts

Cause of Death, First (Primary), Paralysis

Second (Immediate), General Debility

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, April 4

Undertaker, B Hall

Place of Business, 84 West St

C. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90702 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 2 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeline Johnson

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* ..... 7 *Months,* ..... 26 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 311 Fort ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, April 4

Undertaker, B Hall

Place of Business, 82 West St

J. W. Kennedy M. D.
Medical Attendant.

Address, 281 E Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90703 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD. APR 3 1886

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred J. Bell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give Street and Number.} 103 Raborg Street

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Odorus E Cemetery

Date of Burial, April 2nd 1886

Undertaker, Lep Hennahan

Place of Business, 116 orchard st

B. S. Titcomb, M. D.
Medical Attendant.

Address, 616 W Balto Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90704 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 3 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 31 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Carey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 26 years

Place of Death, {Give Street and Number.} 110 [redacted] Morris Alley

Cause of Death, First (Primary) Rheumatism

Second (Immediate), Heart Disease

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Prince George Co Md

Date of Burial, [redacted] 3 1886

Undertaker, William N Dorsey

Place of Business, 62 East St

M K Garner M. D.
Medical Attendant.

Address, Lafayette Ave & Strieker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT RECEIVED APR 3 1886

Permit No. 90705 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31. '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice C. Beatty

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give Street and Number.} 22 Vincent Alley

Cause of Death, First (Primary), Bronchitis (capillary)

Second (Immediate), Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Thorpe St Cemetery

Date of Burial, April 2 1886

Undertaker, William N Berger

Place of Business, 62 East 25

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90706 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Schley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 237 Chew Street

Cause of Death, First (Primary), Unknown

Second (Immediate), Bright's disease of Kidneys

Duration of Last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 4 1886

Undertaker, H. M. Hickman

Place of Business, 234 W. Gay St. *Address,* 138 North Broadway

Milton N. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 7 7 1 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90707 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death is reported, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Haydon

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housemaid.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, Three years.

Place of Death, {Give Street and Number.} No 159 W. Biddle Street.

Cause of Death, First (Primary), Tubercular Pneumonia.

Second (Immediate), Phthisis Pulmonalis.

Duration of Last Sickness, Fifteen Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, April 6

Undertaker, C. W. B. Lazear

Place of Business, 291 Penn Ave

D. Tussel Martenet M. D.
Medical Attendant.

Address, 1 Biddle Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, aud condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20705 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Margaret Monahan

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 4 Webster Alley

Cause of Death, First (Primary), Premature Birth (7 months)

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, April 3/86

Undertaker, H. C. Windefield

Place of Business, 100 Greenmount Ave

Jno J Lowe M. D.
Medical Attendant.

Address, 325 E Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10707 *Office of Registrar of Vital Statistics* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD APR 3 1886

CERTIFICATE OF DEATH.

Date of Death, April 3 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann E Thompson

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 89 *Years,* 11 *Months,* *Days*

Color, W.

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 225 Aisquith St.

Cause of Death, First (Primary), Acute Rheumatism

Second (Immediate), Indigestion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 6th

Undertaker, Geo. Schilling

Place of Business; 7th and Lyman

H. J. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90710 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. APR 3 1886

CERTIFICATE OF DEATH.

Date of Death, April 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Hager

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 5 Stockholm St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, April 4th 1886

Undertaker, Chas Ulm

Place of Business, 367 Light

I. C. Buck M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

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Permit No. 90711 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, April 2 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Grimes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md Co

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 1[illegible] Broadway

Cause of Death, { First (Primary), ...
Second (Immediate), Croup

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, April 4 1886

Undertaker, Michael Funk

Place of Business, 95 Bank St

Address, 1[illegible] S. Broadway

[illegible] M. D.
Medical Attendant.

HEALTH DEPARTMENT APR 4 1886 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 90712 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April March 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 47 *Years,* — *Months,* — *Days,*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and Number.} 16 Pearce Sr

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Apr 5th 1886

Undertaker, Chas Wesley

Place of Business, 711 Orchard

J. A. Gillis M. D.,
Medical Attendant.

Address, 180 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 90713 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 4 1886 BALTIMORE

Date of Death, April 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annetta Bird

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 8 *Days,*

Color, C

~~*Married*~~, *Single, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 224 Preston

Cause of Death, First (Primary), diphtheria

Second (Immediate), Croup

Duration of Last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, April 5th 1886

Undertaker Chas Kemble

Place of Business, 416 Orchard St *Address,* 201 W. Biddle St

H. Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

... Disease on back of this Certificate.

Board of Health, City of Baltimore, 5 W

Permit No. 90714

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 4 1886 CITY OF

Date of Death, April 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Clark

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Sixty *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 74 Chesnut St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Apr 4th 1886

Undertaker, Geo Hensler

Place of Business, 11 Richards

Same J. Bell *M. D.*
Medical Attendant.

Address 1314 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 90715 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Jones

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Chair Maker

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 551 N Washington St

Cause of Death, First, (Primary,) Rheumatic Gout

Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 5th 1886

Wm H Diffenderffer M. D.,
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 60 S Broadway *Address,* 140 Bolton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 6076 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Jermack

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give Street and Number.} 344 E. Washington St.

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, April 5/86

Undertaker, Frank Crach

Place of Business, 249 N Durham St *Address,* 242 E Broadway

Thomas J Simms M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90717 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Joh April 3rd '86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Boreak

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 41 *Years,* 11 *Months,* ..... *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} 29 abbot St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus be

Date of Burial, April 5 /86

Undertaker Frank Crack.

Place of Business, 242 S. Durham St

E Gorralls M. D.
Medical Attendant.

Address, 86 W Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 10718 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Henry Creagh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 11 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 98 S. Stricker St Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 98 S. Stricker St

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Inanition

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Apr. 5/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 187 Hollins St

F. T. Bunson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90719 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Booker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give Street and Number.} 171 Preston near St

Cause of Death, First (Primary), Lobar Pneumonitis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 20 days.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Apl 5th 1886

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore St *Address,*

F. Rickert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90720

Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. APR 4 1886 BALTIMORE

Date of Death, April 3. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Louis DeLacour

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* one *Months,* 12 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bricklayer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} No 315 N Gaston St

Cause of Death, First, (Primary.) Chronic Bronchitis

Second, (Immediate.)

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 6th 1886

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont

James Ormsby M.D.,
Medical Attendant.

Address, No 14 N Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 9072 *Office of Registrar of Vital Statistics.* Ward ~~14~~ 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Henry Weber

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 49 *Years,* 10 *Months,* 24 *Days*

Color, White

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 33 Germain St.

Cause of Death, First (Primary), Brights Disease

Second (Immediate), Apoplexy

Duration of Last Sickness, Twenty-five minutes

All the above information should be furnished by the Physician.

Place of Burial, Dudon at St.

Date of Burial, April 5th 1886

Undertaker, Louis Shaefer

Place of Business, 109 W. Fremont *Address,* 97 N. Charles St.

Thomas L. Shearer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is R[illegible] to Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90722 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Children of Catherine & John P. Judge

Sex, Male or Female, {Cross out the word not required in this line.} (Male)

Age, — *Years,* — *Months,* about 4 hours, ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 142 Hoffman St

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 142 N. Hoffman St

Cause of Death, First (Primary), debility being 6 mo pregnant

Second (Immediate), " " " " "

Duration of Last Sickness, 4 hours.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, April 5 '86

Undertaker, Chas. T. Scriven

Place of Business, 211 N Eutaw

Charlotte Cronk midwife
per R B Brown M.D. M. D.
Medical Attendant.

Address, 223 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90723 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Catherine V. & P. Jacobs

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Parents

Age, —— *Years,* —— *Months,* 1/6 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 14½ W. Hoffman St

Cause of Death, First (Primary),

Second (Immediate), Debility

Duration of Last Sickness, 4 Hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, April 5th 1886

Undertaker, C. T. Service

Place of Business, 11 Eutaw St *Address,* City

James K. Lewis M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9072

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 9072 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A POWER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1886 BALTIMORE, MD.

D

CERTIFICATE OF DEATH.

Date of Death, April ~~March~~ 3 1886

Full Name of Deceased, { Write legibly and spelt correctly. If an infant not named, give names of parents. } Catharine Degenhard

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and Number. } cor Biddle & Valley St.

Cause of Death. { First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, ~~Two~~ Two years.

the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem'y

Date of Burial, April 5 1886

Undertaker Henry Hoerth

Place of Business, 309 N. Central ave *Address,*

A. R. Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90723 *Office of Registrar of Vital Statistics* Ward 16th

HEALTH DEPARTMENT APR 5 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, April 4, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Bowles

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 7 *Months,* 3 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give Street and Number.} 296 Hanover St

Cause of Death, First (Primary),

Second (Immediate), Softening of Brain

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, April 5th 1886

Undertaker, Cunningham

Place of Business, 263 Light

Theodore Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 90726

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90726 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 3 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L Harman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 73 Hanover st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 5th

Undertaker, F. N. Groll

Place of Business, 131 Hanover St, *Address,* 101 Barnet C

H. W. Webster, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 90727

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90727 *Office of Registrar of Vital Statistics.* Ward 13th

HEALTH DEPARTMENT APR 5 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebas Water

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* - *Days*

Color, Col

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Living st Cor Balto & Fayette

Cause of Death, First (Primary), Bronchitis

Second (Immediate),

Duration of Last Sickness, 3 W 2d

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 5 1886

Undertaker, S McClure

Place of Business, 1 E Howard St

Chas E Sadtler M. D.
Medical Attendant.

Address, Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 90728

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 90728 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the present issue of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT APR 5 1886 BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mamie Gay

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 18 *Months,* ——— *Days,*

Color, C

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 12 Lee St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 12 Lee St

Cause of Death, First (Primary), Some irritative disease

Second (Immediate) Disseminated Septicemia. Anasarca

Duration of Last Sickness, 3 days

the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 5 1886

Undertaker S W Chase

Place of Business, 48 Howard St

Geo. H. Jones M. D.
Medical Attendant.

Address, 164 Hanover St.

I saw this case twice

Extract from Regulations of the Board of Health to secure a ~~full~~ and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 90729

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90729 *Office of Registrar of Vital Statistics.* Ward 1st

HEALTH DEPARTMENT APR 6 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 2d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bullington

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Oyster Co

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1014 Eastern Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 6 1886

Undertaker, H. Saunders Co

Place of Business, Eastern Ave *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 10730

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10730 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 3d 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Doris Dettelbacher

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 18 Argyle Ave

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dell Point Cemetery

Date of Burial, April 5

Undertaker, D. Threm's

Place of Business, 28 High St *Address,* 2 Central St

H. Linthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 90731

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90731 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 5 1886 BALTIMORE, MD.

CERTIFICATE OF ~~DEATH~~

Date of Death, April 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter D Addison

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 11 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 182 Fulton Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Rheumatism

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 6th 1886 W. K. Warren, M. D., Medical Attendant.

Undertaker, Stewart & Maurer

Place of Business, 35 Park ave *Address,* 280 Strieker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 90732

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 5 1886 BALTIMORE MD

Permit No. 90732 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred C. Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Builder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 88 Centre st

Cause of Death, First (Primary), Stricture of Intestines - Complete - Operation -

Second (Immediate), Resection of Colon - Death from Shock -

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, April 7th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave *Address,* 115 W. Monument st

C. O'Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within y-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ame can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause late of death.

[OVER.]

No. 90733

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 5 1886 BALTIMORE

Permit No. 90733 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 279 N. Front st.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cy

Date of Burial, April 6th

Undertaker, Jas P Byrne

Place of Business, 43 Hanover *Address,* 283 N. Eden st

Edwin B. Fenby, M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

90734

...Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90734 *Office of Registrar of Vital Statistics.* Ward 11

HEALTH DEPARTMENT APR 5 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Hunt Bartlett

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 162 N. Howard St

Cause of Death,
First (Primary), Erysipelas
Second (Immediate), ...

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Friends Cem Hartford Road

Date of Burial, April 6th 1886

Undertaker, Wm J Entwisle

Place of Business, Park & Saratoga

J. E. Atkinson M. D.
Medical Attendant.

Address, 19 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 90735

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE APR 5 1886

Permit No. 90735 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 2 A M. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Elcha Fauscht

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 10 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 151 Patterson Park Avenue

Cause of Death, First (Primary), Teething

Second (Immediate), Exhaustion

Duration of Last Sickness, Some 5 or Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 5th 1886

Undertaker, H. Sander & Son

Place of Business, 252 Eastern Ave

James E Dwinelle M. D.
Medical Attendant.

Address, 299 E Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT RECEIVED APR 5 1886

Permit No. 20736 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, April 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Fritz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widowed

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 34 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 239 N Dallas St

Cause of Death, First (Primary), Pericardial Emphysema

Second (Immediate), Asphyxia

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Mt Evangelical

Date of Burial, April 6th 1886

Undertaker, H. C. Sanders & Son

Place of Business, 252 Canton Ave Address, Cor Eager & Caroline

S. E. Shuck M D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9037 *Office of Registrar of Vital Statistics.* Ward 18

HEALTH DEPARTMENT APR 5 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Birmingham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, {Give Street and Number.} 15 Wilkens ave

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, April 5th 1886

Undertaker, Jos B Cook

Place of Business, 1607 N Gilmor *Address,* 319 Wilkens ave

James Bailey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Instructions on the Reverse Side.

Health Department, City of Baltimore.

Permit No. 90738

Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm John Slavik

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 19 *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 131 Pierce St Balto. Md. U.S.A.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 131 Pierce St

Cause of Death, First (Primary), Osteo Sarcoma

Second (Immediate),

Duration of Last Sickness, 11 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, April 5 1886

Undertaker,

Place of Business,

Louis Hoffman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20739 *Office of Registrar of Vital Statistics.* Ward 2 ef

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emanuel Hellman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Boy

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 126 N Paca St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5th

Undertaker, John E Grace

Place of Business, 118 Lanvale St

H Hall M. D.
Medical Attendant.

Address, 324 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore,

HEALTH DEPARTMENT RECEIVED APR 5 1886

Permit No. 20740 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, April 3. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeii Ballard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 7 Months, Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 20 Ohio Av.

Cause of Death, First (Primary), Convulsions

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5 1886

Undertaker, Hercules Rorr

Place of Business, 95 Can Wm St

C. S. Borzl M. D.
Medical Attendant.

Address, 177 Shaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9074 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 4/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard A. McCollum

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Paper-Hanger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life Residence

Place of Death, {Give Street and Number.} 5-5- Druid Hill Ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 7th 1886

Undertaker, Wm. Weaver

Place of Business, No 202 N. Eutaw St

Louis H. Knight M. D.
Medical Attendant.

Address, 112 N Greene

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9074 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 30 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Jno~~ Jr W Mary Lahorle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, None *Years,* *Months,* 1 2 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 12 days

Place of Death, {Give Street and Number.} 154 Lubon St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Dear Park

Date of Burial, Apr 2 1886

Undertaker, Ole Henriksen

Place of Business, 11 Caroline

J W Buckland M. D.
Medical Attendant.

Address, 1 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 20743 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE APR 5 1888

CERTIFICATE OF DEATH

Date of Death, April 4th 88

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daughter of Wm & E. Mary F. Herbert

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months.* 12 *Days*

Color, W

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md —

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 29 Woodward St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, April 6th 88

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St

J. Tyler Smith M. D.
Medical Attendant.

Address, 359 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20744 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Olchefski

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ... *Years,* 2 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 43 Lancaster St

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate), ...

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cem'to

Date of Burial, April 5th 86

Undertaker, Feldbrook Bros

Place of Business, 215 S Onn St *Address,* 243 Aliceanna

John H. Kelbergen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

4 0

Permit No. 90745

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 5 1886
BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Burk

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 36 Low St

Cause of Death, First (Primary,) Fibroid tumors of the Ovaries & Chronic Peritonitis
Second (Immediate,) Pneumonia Ephemera

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Betenbus Wharf Kent Co Md

Date of Burial, Apr 6- 1886

Undertaker, W W Madden

Place of Business, 76 East St

James A Bell M. D.
Medical Attendant.

Address 1342 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90746 Office of Registrar of Vital Statistics. Ward 24

HEALTH DEPARTMENT APR 7 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Jerscheid

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 11 *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 198 Bethel St (E)

Cause of Death, First (Primary), Pseudo Membranous Croup

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetary

Date of Burial, April 5th 1886.

Undertaker, Leonhard Veurr

Place of Business, No 227 S. Bond St. *Residence,* 22 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as e same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause d date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20747 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the prompt delivery of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella E Lee

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* ..... *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 26 Forest St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5th 1886

Undertaker, J J Boyle

Place of Business, 473 Jefferson *Address,* 137 Aisquith St

J J Gross M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90748 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 4 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Aurheim

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give Street and Number.} 9 N Bethel St.

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Remit. Fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Hart. Co.~~ Holy Redeemer Cem.

Date of Burial, Apr 6th 86

Undertaker, G. France

Place of Business, 4 Park & Wolfe Sts. *Address,* 344 E. Baltimore St.

J. H. Collenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20749 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 3 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant. Father Otho Tyler Mother Adelina Tyler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 0 *Months,* 3 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maternite

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Maternite

Cause of Death, First (Primary), Congenital Syphilis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Balt. Cemetery

Date of Burial, April 5th 1886

Undertaker, Wm. A. Disseri

Place of Business, Health Dept *Address,*

David Davis M. D.
Medical Attendant.
Maternite

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20750 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 4 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth C. Swamp

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 61 *Years,* 1 *Months,* 20 *Days*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Funkstown Washington Co Md.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} 149 N. Carey St.

Cause of Death, First (Primary), Mammary Schirrus

Second (Immediate), Pulmonary Congestion

Duration of Last Sickness, Ill 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown Washington Co Md

Date of Burial, Apr 6th 1886

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette Address 198 St Paul St E[illegible]

Jas. F. Powell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

4126 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20751 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Henrich

Sex, ~~*Male or,*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 61. Burke St

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate), Consumption

Duration of Last Sickness, 2 W. 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, April 5th 1886

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann *Address,* 61 Broadway

C. H. Taylor M. D.
Medical Attendant
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 90752 *Office of Registrar of Vital Statistics,* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Whittington

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months.* *Days*

Color, Colored

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 38 Rabbey st.

Cause of Death, First (Primary), Cephilacy Bronchitis

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, April 6 1886

Undertaker, H. Ross

Place of Business, 95 Conway St *Address,* 279 W. Fayette st

Jr Homer Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20755 *Office of Registrar of Vital Statistics.* Ward 19 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 6 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Apl 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Rollins.

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} #4 Carlton st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 62 Bruce st

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Thompson County

Date of Burial, April 6 1886

Undertaker, Wilcom & Ingen

Place of Business, 62 East st

Simeon F Hill M.D.
Medical Attendant.

Address, 17 N. Carlton st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90754 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Styron

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 62 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 42 yrs

Place of Death, {Give Street and Number.} 77 N. Schroeder St

Cause of Death, First (Primary), Compression of Brain

Second (Immediate), due to Internal Hemorrhage

Duration of Last Sickness, & caused by fall

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Apr. 7/86

Undertaker, J. B. Wood

Place of Business, 707 W. Balto St. *Address,* 46 N. Fayette St

C. C. Bolton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Regulations [illegible]

Board of Health, City of Baltimore.

Permit No. 90755. *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sunday April 4th 86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dassmyere

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days,*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Oysterman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 27 Bath st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, April 6th 1886

Undertaker Wm J Gray

Place of Business, 63 Mulberry *Address,* Corner Eutaw & Mulberry Sts

C H Nelson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illness], or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[er], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [race] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9975 6. *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 6 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, Apl 5, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph F Price

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* 27 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 55 S Carrollton ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 6th 1886

James Bailey *M. D.*
Medical Attendant.

Undertaker, S. McLennan & Son

Place of Business, 782 W Baltimore *Address,* 319 Hollins ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Rules and Directions for use of Blanks on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9075 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th - 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amon Cate.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* 7 *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New Hampshire -

Duration of Residence in the City of Baltimore, 50 years -

Place of Death, {Give Street and Number.} 243 N. Charles st.

Cause of Death, First (Primary), Asthma - General Debility - Pneumonia.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 40 years - Pneumonia 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 7/86.

Undertaker, Henry W. Jenkins' Sons

Place of Business, N. W. corner Park and Saratoga *Address,* Harlem ave & Calhoun

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20758 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Student

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Tennessee

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give Street and Number.} 185 W Fayette St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, New Shark St Bound

Date of Burial, April 7th 1886

Undertaker, J E Monroe

Place of Business, 298 Penna ave

M. D.
Medical Attendant.

Address, 186 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20759 *Office of Registrar of Vital Statistics.* Ward 7 2

HEALTH DEPARTMENT APR 5 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

24

CERTIFICATE OF DEATH.

Date of Death, April 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Helen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* *Months.* *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} In St Mary's Orphan Asylum Central Ave

Cause of Death, First (Primary), Consumption of Lungs,

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cr

Date of Burial, April 7th 1886

Undertaker, Henry Hook

Place of Business, 309 N Eutaw St Address, S. W. Calvert & Read sts

John F. Mc Mennamin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90760 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE PHARMACY APR 5 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Inv J. Jennings

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 285 N. William St

Cause of Death, First (Primary), Chronic Gastric & Intestinal Catarrh

Second (Immediate),

Duration of Last Sickness, 5 or 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 7

Undertaker, B. Yeatman

Place of Business, 62 West St

Edw F. Mc Williams M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90761 *Office of Registrar of Vital Statistics* Ward 16

HEALTH DEPARTMENT APR 5 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, April 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Schnappenger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 187 Lee St

Cause of Death, First (Primary), 1

Second (Immediate), Rheumatism

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 7th 1886

Undertaker, Julius Koehler

Place of Business, Sharp & Lorsch

H. C. Buck M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Association of Physicians is respectfully [illegible] Certificate.

Board of Health, City of Baltimore,

Permit No. 20762 *Office of Registrar of Vital Statistics.* Ward ~~12~~ 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte Elizabeth Booker Norris.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 21 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State on country, and how long in the United States, if of foreign birth. } 120 Linden Av.

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 120 Linden Av

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) .....

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 7th 1886

Undertaker, Ethal T Scrivener

Place of Business, 271 N Eutaw St

W D Booker M. D.,
Medical Attendant.

Address, 157 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90763 *Office of Registrar of Vital Statistics.* Ward 12 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 6 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, April 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Betsy~~ Dyer Elizabeth

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, C

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give Street and Number.} 17 Jenkins al

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, saw her on the street. I only saw her a short while before death

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Apr 6/1886

Undertaker, Alex Frauenthal

Place of Business, 11 E Pratt Address, 201 W. Biddle St

R Winslow M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Alex Frauenthal

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9076 cf *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 6 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* 17 *Days*

Color, cd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 37 Chestnut Alley

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, April 6/86

Undertaker, Alex Hemsley

Place of Business, Eutaw & C

J. Wm. Steer M. D.
Medical Attendant.

Address, Eutaw & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo. E. Brown
Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9076 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Degnan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 11 mos

Place of Death, {Give Street and Number.} 5 Littel St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Arthenia

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, April 6 1880

Undertaker, Hammond Lake

Place of Business, Depression and *Address,* Balto End Wash

Master Warfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90766 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 5 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerge,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* —— *Days*

Color, White —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary), Exposure. Capillary Bronchitis

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, April 6 1886

Undertaker, Hammond Lake

Place of Business, Division St. *Address,* Harlem av. & Calhoun

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Entry of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 90767 *Office of Registrar of Vital Statistics* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. APR 6 1886

CERTIFICATE OF DEATH. C

Date of Death, April 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Shaw

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} V

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 144 Montgomery St

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, 2 yrs 4 Month

the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 6 1886

Undertaker Chamberlain

Place of Business, 28 Light St

Geo. H. Dowson M. D.
Medical Attendant.

Address, 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90768 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 6 1886, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Izeman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 hour ~~Days~~

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~~~

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90769 *Office of Registrar of Vital Statistics.* Ward 9th

HEALTH DEPARTMENT APR 6 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apl 5- 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Walters

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md -

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} Maternité

Cause of Death, First (Primary), Puerperal Peritonitis

Second (Immediate),

Duration of Last Sickness, 8½ days

All the above information should be furnished by the Physician.

Place of Burial, Bonie Brae

Date of Burial, April 7th 1886

Undertaker, John J Andrews

Place of Business, 1646 Druid Hill Ave

David Davis M. D.
Medical Attendant.

Address, Maternité

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 90770 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
APR 6 1886
BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, April 5th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Eder

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 30 *Years,* 6 *Months,* 21 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death. { Give street and Number. } 94 Lancaster St.

Cause of Death, First (Primary), Malaria with Dysentery

Second (Immediate), Epileptoid Convulsions

Duration of Last Sickness. 3 days

All the above information should be furnished by the Physician.

Place of Burial, ~~St. Stephens~~ Redeemer

Date of Burial, 6 March

C. S. Parker M. D.
Medical Attendant.

Undertaker W. Dippel

Place of Business, 101 S. Bond St. *Address,* Balto. Univ. Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 20771 *Office of Registrar of Vital Statistics.* Ward 6

HEALTH DEPARTMENT APR 6 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, April 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Albert Hill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days*

Color, Colored ✓

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Chapel Court near Washington

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel Co

Date of Burial, April 1886

Undertaker, W N Dungee

Place of Business, 62 East st

Geo A Shinn M. D.

~~Medical Attendant.~~

Address, Camp Mc V R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M McKewen Sanitary Inspector [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90772 *Office of Registrar of Vital Statistics.* Ward 4th

HEALTH DEPARTMENT ARR. OCT 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 6.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Ashway

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* 29 *Days*

Color,

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 84 S Exeter

Cause of Death, First (Primary), Phthisis pulmonis

Second (Immediate), asthenia

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, April 8th 1886

Undertaker, Peter Frey

Place of Business, 91 Exeter Ave

M. D.
Medical Attendant.

Address 285 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90773 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeline Bergen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... few Weeks *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 6 Gould's Lane

Cause of Death, First (Primary), Strangulation from Cord binding

Second (Immediate), Absence of Intelligent Assistance

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, April 6

Undertaker, B. Stark

Place of Business, 62 West St *Address,* 110 Forest

O. & A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Instructions below, how to fill out this Certificate

Board of Health, City of Baltimore,

Permit No. 9077 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1886

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Gabriel Flores

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* 4 *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} Hart & near Race

Cause of Death. First (Primary), S.

Second (Immediate), Pneumonia 2 days

Duration of Last Sickness, ——

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 7

Undertaker B. Hauck

Place of Business, 82 West H.

Geo. H. Rowe M. D.
Medical Attendant.

Address, 144 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the ... Certificate

Board of Health, City of Baltimore.

Permit No. 90775 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 5 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eugene Tucker

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, Nine *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } 539 N. Calhoun St.

Cause of Death, First (Primary), Sporadic Cerebro-Spinal Meningitis

Second (Immediate), Gastric Duodenitis

Duration of Last Sickness, 5 or 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 7th 1886

Undertaker John J. Andrews

Place of Business No 4 & 6 Druid Hill Ave

Jno R Quinan M. D.
Medical Attendant.

Address, 1362 N. Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to ... of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90776 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 4 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Horsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Six *Years,* *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, about one year

Place of Death, {Give Street and Number.} 1013 Parish ad

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, About One year

All the above information should be furnished by the Physician.

Not put about child as dead during sickness — Had two doctors Prescribe at office on one occasion

Place of Burial, Church St Cemetery

Date of Burial, April 5 1886

Undertaker, Wm. J. Boyce

Place of Business, 62 East M

A C Polo *M. D.*
Medical Attendant.

Address, 599 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20777 *Office of Registrar of Vital Statistics* Ward 11

HEALTH DEPARTMENT APR 6 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Antony

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifty *Years,* ~~*Months,*~~ ~~*Days*~~

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore, Md.

Duration of Residence in the City of Baltimore, Twenty-five years

Place of Death, {Give Street and Number.} No. 62 Orchard St.

Cause of Death, First (Primary), cold

Second (Immediate), Pneumonia

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Laurel, Connecticut

Date of Burial, April 8th 1886

Undertaker, Wm. James Gray

Place of Business, 65 Mulberry St.

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...rtificate.

Health Department, City of Baltimore.

Permit No. 90978 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 14th April, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Cassidy.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 66 *Years,* 5 *Months.* 11 *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 56 Years.

Place of Death, {Give Street and Number.} 268 Mulberry St.

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever.

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 7th 1886

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St *Address,* Fayette & Fremont Sts.

N. W. Littell. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90779 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 3rd April 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J. C. Ross

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Ostend st

Cause of Death, First (Primary), Albuminuria

Second (Immediate), Uraemia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 7th 1886

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address,* 101 Barnet

D. W. Webster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90780 *Office of Registrar of Vital Statistics.* Ward 16 cr

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 7 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 6th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 3 Paca St. Court

Cause of Death, First (Primary),

Second (Immediate), Abscess of neck

Duration of Last Sickness, Three (3) Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 7

Undertaker, F B Cook

Place of Business, 707 W Baltimore

H. L. Lyman M. D.
Medical Attendant.

Address, 387 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90781 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 7 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 3d/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard H Gipson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 15 *Years,* — *Months,* — *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Waiter Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 6 Wilmore Alley

Cause of Death, First (Primary), Double Pneumonia

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, April 7 1886

H. F. Hill M. D.
Medical Attendant.

Undertaker, Alex Hemsley

Place of Business, 116 orchard St *Address,* 23 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20782 *Office of Registrar of Vital Statistics.* **Ward** 24

The Physician who attended any person in a last illness, is responsible for the prompt delivery of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Strahz

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 39 *Years,* 4 *Months,* 21 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 24 Lancaster Street

Cause of Death, First (Primary), Asthma

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, Few Moments

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, April 8th 1886

Undertaker, Leonhard Kurz

Place of Business, 227 S. Bond Street *Address,* 101 N. Broadway

C. Hall Pullen M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20783 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the delivery of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 5 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Douglass

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} Died in a hovel in the rear of [illegible] to cemetery Lane near Carey St leading from the county

Cause of Death, First (Primary), Inflammation of Brain

Second (Immediate), Hemiplegia

Duration of Last Sickness, about two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 7, 86

Undertaker, Alex Hemsley

Place of Business, 116 orchard st

W. T. Elzey M. D.

~~Medical Attendant.~~ Coroner

Address, 322 Hallett st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Certificate.

Board of Health, City of Baltimore,

5 9

Permit No. 90784

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, April 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} B. Calvin Bear

Sex, Male or Female, {Cross out the word not required in this line.} Male Bear

Age, 9 *Years,* 11 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

V

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number.} # 8 Short St

Cause of Death, First (Primary,) Cerebro Spinal Meningitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Fourteen Days

All the above information should be furnished by the Physician.

Place of Burial, Wrights Ville Pa

Date of Burial, Apr 8 1886

Undertaker, Wilbion N Dunger

Place of Business, 62 East st

Samyl Beth M. D.
Medical Attendant.

Address 1342 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

4/31 Harnett

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90785 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, April 5. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha J. Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 11 *Months,* 5 *Days*

Color, C

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 291 Raborg St.

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Apr 7 1886

Undertaker, William N Duncan

Place of Business, 62 East St *Address,* 208 W Hoffman

O M Duff *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9078 — *Office of Registrar of Vital Statistics.* — Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 7 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 6 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph C Shannon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Monitown Pa,

Duration of Residence in the City of Baltimore, 54 years

Place of Death, {Give Street and Number.} 394 W Lexington St

Cause of Death, First (Primary), Senile decay

Second (Immediate), + Pneumonia

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 7/86

Undertaker, J Denny & Mitchell

Place of Business, 530 N Fayette

Jos. Lowe M. D.
Medical Attendant.

Address, 535 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9087 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Apr 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Stewart

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* —— *Months,* —— *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto – Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 306 Lexington St

Cause of Death, First (Primary), Entero Colite

Second (Immediate), Asthenia

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 7/86

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette

T E Shatard Jr M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90788 *Office of Registrar of Vital Statistics.* March 20

HEALTH DEPARTMENT APR 7 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Anderson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 26 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give Street and Number.} 148 N Townsend St

Cause of Death, First (Primary), Measles

Second (Immediate), Bronchitis & asthenia

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 7th 1886

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette

F W Esh M. D.
Medical Attendant.

Address, 359 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20789

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 7 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 6 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Hinden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* 13 *Days*

Color, Nikke

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 182 Scott St

Cause of Death, First (Primary), Cerebral Spinal Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 7th 1886

Undertaker, Wm J Tickner

Place of Business, 6 S Eutaw St *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90790 *Office of Registrar of Vital Statistics,* APR 7 1886 Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 7 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Elizabeth Eckels

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 24 *Years,* 8 *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 644 Charles St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Congestion of Brain

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, April 7/86

Undertaker, Wm J Pickup

Place of Business, 65 S Eutaw St.

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90791 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 7 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M Kenney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give Street and Number.} 68 Wyatt St

Cause of Death, First (Primary), Supposed to be Congestion of the Brain

Second (Immediate), Convulsions

Duration of Last Sickness, 1 1/2 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, April 9. 1886

Undertaker, Wm J Tiekner

Place of Business, 65 S. Eutaw

Thomas Lytle M. D.
Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90792 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Brinton H Warner

~~*Sex*~~, *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months.* — *Days*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Dentist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 280 N. Stricker St

Cause of Death, First (Primary),

Second (Immediate), Hydrophobia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 8 1886

Undertaker, Wm J Pickner

Place of Business, 65 S. Eutaw

H K Warner M. D.
Medical Attendant.

Address, Lafayette Ave & Stricker

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20793 *Office of Registrar of Vital Statistics.* Ward 19th

HEALTH DEPARTMENT
APR 1886
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 6 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E Kaee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give Street and Number.} No 1 Norris all

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Heart failure

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, Apr 8th 1886

Undertaker, Saml W Rhase

Place of Business, 198 S Howard st

E. M. Hundley M. D.
Medical Attendant.

Address, 22 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90794 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 7 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 6 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Carter.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 6 Little St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shaw's St Cemetery

Date of Burial, April 8th 1886

Undertaker, Heverlin Ross

Place of Business, Convey St *Address,* 177 Sharp St.

C. W. Boze *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90795 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT APR 7 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 6. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E Shuttleworth

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 640 E Lombard St

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 7th 1886

Undertaker, Samuel T. Burns

Place of Business, 612 W. Baltimore *Address,* 319 Hollins

James Bovley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90796 *Office of Registrar of Vital Statistics* Ward 11 a 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 7 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 6 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm R McLellan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days*

Color, wht

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Letter Carrier

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, abt 8 years

Place of Death, {Give Street and Number.} 173 Preston

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, twice & 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 8th 1886

Undertaker, Martin Fahey

Place of Business, 1268 & 128 Thirsen St *Address,* 219 Madison ave

G Lane Tanyhill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90777 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 1 86 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 13 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 40 Wilmer Alley

Cause of Death, First (Primary), Marasmus

Second (Immediate), "

Duration of Last Sickness, "

All the above information should be furnished by the Physician.

Place of Burial, W. Pratt Cemetery

Date of Burial, April 7 1886

Undertaker, F. A. Kerchner

Place of Business, Health Dept

Jas A Bell M. D.

Medical Attendant

Address, City Hall

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90798 *Office of Registrar of Vital Statistics.* Ward 7½

HEALTH DEPARTMENT APR 7 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 5th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Nelson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Nelson

Age, 18 *Years,* — *Months,* — *Days*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Fireman —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Iowa

Duration of Residence in the City of Baltimore, Not known

Place of Death, {Give Street and Number.} St Josephs Hospitals

Cause of Death, First (Primary), Pneumonia —

Second (Immediate), Asthenia

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Bedford Mass.

Date of Burial, April 6, 1886,

Undertaker, Keirsey and Gaines

Place of Business, 17 E. Lexington St. *Address,* 41 E. Fayette St

J. F. Frank M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4130 Transcribed

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90799 *Office of Registrar of Vital Statistics* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 4 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Edward Lesser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* — *Months,* 22 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore ✓

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 61 S. Ann St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, April 8. 1886

Undertaker, M. A. Dwyer Ally

Place of Business, 74 S. Bway

D. G. Bunnage M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90800 *Office of Registrar of Vital Statistics.* Ward 16th

HEALTH DEPARTMENT APR 7 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, APR 5 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Isley (Eidig)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* 4 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, 30 + years.

Place of Death, {Give Street and Number.} 64 Portland St

Cause of Death, First (Primary), Congestion of the Brain

Second (Immediate), Menindetis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western = C.

Date of Burial, April 8" 1886.

Undertaker, M. Seewald

Place of Business, 35 S. Eutaw

John D. Kremer M. D.
Medical Attendant.

Address, 180 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90801 *Office of Registrar of Vital Statistics* Ward 6th

HEALTH DEPARTMENT APR 7 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Boucher

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 4 *Days*

Color, Mulatto

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 189 N Bond Street

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, about half an hour

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 8th

Undertaker, E. C. Schilling

Place of Business, 23 Lancaster St. *Address,* 101 N Broadway

C. H. Lutkage M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90802 — *Office of Registrar of Vital Statistics.* — Ward 6th

HEALTH DEPT. APR 7 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, April 6/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy A. Ferrer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 10 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 5 N. Eddington Ave

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, April 8/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

J. M. Smith M. D.
Medical Attendant.

Address, 281 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90803 *Office of Registrar of Vital Statistics.* Ward 11 L

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1886 FILED

B

CERTIFICATE OF DEATH.

Date of Death, April 7. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. C. Walters

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* ..... *Days*

Color, W

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 94 S. Calhoun

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Apr. 8/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 306 N. Fayette St

C. W. Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9080 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART. APR 7 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Weincamp Weinkamp

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 239 E. Pratt

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Pneumonitis

Duration of Last Sickness, Lived monthly but was taken with Pneumonitis on Sat. 3-1

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, April 8th 86

Undertaker, G. France

Place of Business, 9 Park & Wolfe Sts. *Address,* 7 S. Franklin St.

Jno. G. Lay *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 90805 *Office of Registrar of Vital Statistics.* Ward 1 Cy

HEALTH DEPARTMENT APR 7 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Gill

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 83 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, { Cross out the word not required in this line. } ✓

Occupation Shoemaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and Number. } 26 O'Donnell St

Cause of Death, First (Primary), Old age.

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Apl. 8th 86

Undertaker G. Franc

Place of Business, 1 Bank & Wolfe *Address,*

J. H. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90806 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 7. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Elizabeth Eva Hilpbach

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 165 N. Wolfe

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Ex Consumption

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Conv

Date of Burial, April 10. 1886

Undertaker, G France

Place of Business, Bank & Wolfe *Address,* Balt & Wolfe

C. G. Rush M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20807 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida M. McKeldin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 295 S. Charles St

Cause of Death, First (Primary),

Second (Immediate), Acute Meningitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 9th 1886

Undertaker, Armstrong & Denny

Place of Business, Light St. J. C. Burch M. D. Medical Attendant.

Address, 15 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90808 *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT, APR 8 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Wallis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 193 Vincent alley

Cause of Death, First (Primary),

Second (Immediate), Insanitum

Duration of Last Sickness, Life Time

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 7/86

Undertaker, Wm C. V. Dunnigan

Place of Business, East St — *Address,* Camp & C

John F. Sloan M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo. E. Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9080 9 *Office of Registrar of Vital Statistics.* 1886 Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Apr. 4, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Cox

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Demerara

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Strangulated Hernia

Second (Immediate), Peritonitis

Duration of Last Sickness, 21 hrs.

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, About 8 4/84

Undertaker, W. A. Sisson

Place of Business, Health Office

William H. Gorter M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to Use of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20810 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 7 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna B Ensor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 6 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 114 S. Paca St

Cause of Death, First (Primary), Tubercular

Second (Immediate), Meningitis

Duration of Last Sickness, 5 Weeks & 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, April 9th 86

Undertaker, Wm J Tickner

Place of Business, 68 S. Eutaw *Address,* 96 S. Eutaw St

L. E. Chaquette M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9081 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 8 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, April 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Lee Thompson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give Street and Number.} 49 S. Gilmor

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, abt 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 8th 86

Undertaker, Wm J Pickrus

Place of Business, 65 S Eutaw St

Jno. S. Horsley M. D.
Medical Attendant.

Address, Carroll Bldg Co

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20814 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT APR 8 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, April 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Jennie Countess

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 23 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, about 16 Years

Place of Death, {Give Street and Number.} 29 Christian St

Cause of Death, First (Primary), ...

Second (Immediate), Consumption of Lungs

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Powhatan Balto Co.

Date of Burial, April 9/86

Undertaker, Jos. H. B. Cook

Place of Business, 707 W Baltimore

W. R. McKeown M. D.
Medical Attendant.

Address, 582 W Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 90813 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Allen

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 70 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. } ✓

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Co Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and Number. } Chesapeake

Cause of Death, First (Primary). Epithelioma of Vagina

Second (Immediate). exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 9. 1886

Undertaker H. E. Sanders & Son

Place of Business 252 Canton Ave Address,

J. H. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90814 *Office of Registrar of Vital Statistics.* Ward 8 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apl 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Pratt Manning

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* 1 *Months,* 24 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Civil Engineer

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Lancaster Mass.

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and Number.} 31 W. Preston St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 9th 86

Undertaker, Hugh Enslow & Son

Place of Business, Park & Saratoga

W D Booker M. D.,
Medical Attendant.

Address, 157 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90815 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED
APR 8 1886
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Crandall

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give Street and Number.} N. 217 St. Paul St.

Cause of Death, First (Primary), Cancer of the Stomach

Second (Immediate), 18 "

Duration of Last Sickness, 2 years "

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, April 9th 1886

Undertaker, New Ennis & Sons

Place of Business, Park & Saratoga Sts *Address,* 169 N Charles St

Wm. Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90816 *Office of Registrar of Vital Statistics.* 1886. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, April 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Mondonney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 44 Douglass St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Paralysis of Left Hemisphere

Duration of Last Sickness, About two hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Ezekiel Cemetery

Date of Burial, April 6 1886

Undertaker, Wm. [illegible]

Place of Business, [illegible]

Samuel Bell M. D.
Medical Attendant.

Address, 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90817 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos L Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months.* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 3y ears

Place of Death, {Give Street and Number.} 47 Parrish alley

Cause of Death, First (Primary),

Second (Immediate), Cramton

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, Merrel Ville Howard county Md Between Franklin Gore st

Date of Burial, Apr 6 1886

Undertaker, William H Brooner

Place of Business, 62 East st

M K Brooner M. D.
Medical Attendant.

Address, Fayette Ave & Stricker

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4/13 Transcribed [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20818 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 8 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Louis Hinneberger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 5 *Years,* 3 *Months,* 13 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Penn~~ Lebanon Pa

Duration of Residence in the City of Baltimore, ~~Born~~ 2 years

Place of Death, {Give Street and Number.} 417 N. Calhoun St.

Cause of Death, First (Primary)

Second (Immediate), Pulmonary Consumption

Duration of Last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, April 8th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave & ~~Mt Royal & Boundary Aves~~ *Address,* 224 N Gilmor St

W W Wright M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 10819

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10819 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 8 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City (?)

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 34 Douglass St

Cause of Death, First (Primary), Phthisis Pulmonalis + Pneumonia

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 8 1886

Undertaker, Hercules Ross

Place of Business, 95 Eastern Ave *Address,* 253 N. Eden St

Edward B. Fenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

90820

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE APR 8 1886 REGISTERED

Permit No. 90820 *Office of Registrar of Vital Statistics.* Ward. 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, April 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Reeves

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 67 Thames

Cause of Death, First (Primary), Rheumatic Pericarditis

Second (Immediate), Asthenia

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross Cemetery

Date of Burial, April 8th

Undertaker, Wm I Schaeffer

Place of Business, 5 S Front St *Address,* 77 S Bond

G. L. Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90821 *Office of Registrar of Vital Statistics.* 1886 Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, April 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sister Amedee of St. Joseph

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* ..... *Months.* ..... *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Sister in Inst. Little Sisters of the Poor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} Inst. Little Sisters of the Poor

Cause of Death, First (Primary), ...

Second (Immediate), Obstruction of the bowels

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brae

Date of Burial, April 9th

Undertaker, W. Blackamore & Co

Place of Business, 253 E. Lombard St

Jno. Finke Boyle M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90822 *Office of Registrar of Vital Statistics.* Ward 10th

HEALTH DEPARTMENT 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 6th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. A. H. Barklage

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 95 Park St

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, 5 or 6 years

All the above information should be furnished by the Physician.

Place of Burial, Most Holy Redeemer Cemetery

Date of Burial, April 8th 1886

Undertaker, Wm Shaver

Place of Business, 202 N Eutaw St

H. Dennis M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16 11

Permit No. 90823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Cordes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 8 *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 3 yr 8 mo 20 days

Place of Death, {Give street and number.} 100 Dover St

Cause of Death, First (Primary,) Croup

Second (Immediate,) Apnea

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Leather Hill Cemetery

Date of Burial, April 9th 1886

Undertaker, Edward Machen

Place of Business, No 150 Canton

I Edward Kirby M. D.
Medical Attendant.

Address 82 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90824 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 7 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lotta Neal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 332 South Ann

Cause of Death, First (Primary), Myocarditis Chronic

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 9th 1886

Undertaker, Henry F. Means

Place of Business, #22 W. Fayette St *Address,*

Edward P. Wheeler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90825 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 8 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene A Early

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Attorney at Law

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give Street and Number.} 133 N Eagle St

Cause of Death, First (Primary), Consumption & Purpura Hemorrhagica

Second (Immediate), Hemorrhage from bowels

Duration of Last Sickness, About 4 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, April 9th 1886

Undertaker, Henry W. Means

Place of Business, #22 W. Fayette St *Address,* 262 Madison Ave

Elias C Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90826 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Dudley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, In Her 36 & 2 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 36, W. Eldeny St near N. Eden

Cause of Death, First (Primary), Uterine Hemorrhage

Second (Immediate), Syncope

Duration of Last Sickness, ½ hour

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, April 8 1886

Undertaker, James O'Byrne

Place of Business, No 62 N. Front

Jno. Miller M. D.
E. B. Feeby M. D. Medical Attendant.

Address, 179 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90825 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 8 1886

CERTIFICATE OF DEATH.

Date of Death, April 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Williams

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days*

Color, colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give Street and Number.} No 3 Franklin St

Cause of Death, First (Primary), Severe colds

Second (Immediate), Pneumonia

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Kinsale Va

Date of Burial, April 10th 1886

Undertaker, Henry W. Mears

Place of Business, # 22 W. Fayette St

Hilton N. Taylor M. D.
Medical Attendant.

Address, 138 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90828 *Office of Registrar of Vital Statistics.* Ward 13 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 8 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 6. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lorlan Lee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* *Days*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 106 Vine St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 8- 1886

Undertaker, J W Madden

Place of Business, 46 East St *Address,* 306 N Eighth St

C W Nef M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90829 *Office of Registrar of Vital Statistics.* Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. APR 8 1886 RECEIVED

CERTIFICATE OF DEATH.

Date of Death, April 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Otterguerrother

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give Street and Number.} 40 & Spring Avenue Hoffman

Cause of Death, First (Primary), Cerebral Congestion

Second (Immediate), Coma

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem'y

Date of Burial, April 9. 1886

Undertaker, Henry Hook

Place of Business, 399 Central Ave Address

S. Wolner M. D.
Medical Attendant.

Eager Carline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90830 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Apl 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 12 *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 5 Clark Alley

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Spasms

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W Pub Cem

Date of Burial Apl 8th 1886

Undertaker, H H Kershner

Place of Business, Health Dept *Address* Levy H & R

Thos A Mumm M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

W E Roberts Sani. Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90831 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 4 7. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel Groome

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Barber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 66 St. Mary St

Cause of Death, First (Primary), Old age

Second (Immediate), Heart Failure

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 9th

Undertaker, J. W. Lm. & Grace

Place of Business 142. S Caroline St *Address,* 242 N. Eutaw St

C. Edw. Janney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 90832 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 8 1886

C

CERTIFICATE OF DEATH.

Date of Death, April 7: 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Mathews

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months.* *Days*

Color, Poland

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} West Point Md

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give Street and Number.} 68 Orchard st

Cause of Death, First (Primary), Heart disease

Second (Immediate),

Duration of Last Sickness, Death my sudden

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Apr 9 86

Undertaker, Abel Heinsohn

Place of Business, 68 Orchard

F. C. Williams *M. D.*
Medical Attendant.

Address, 201 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90833 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 8 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. H Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Son

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Waleot St

Duration of Residence in the City of Baltimore, 18 Mos

Place of Death, {Give street and number.} 11 Greenwillow court

Cause of death, First, (Primary,) Lockjaw

Second, (Immediate,) Convulsions

Duration of Last Sickness, I saw the child shortly before death

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Apr 9th 1886

Undertaker, W. J. Keasley

Place of Business, 10 Orchard St

L B Facelle M. D.,
Medical Attendant.

Address, 222 Broadhill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90834 *Office of Registrar of Vital Statistics.* Ward 1 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 8 1886

CERTIFICATE OF DEATH.

Date of Death, April 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eyrie Domak

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months.* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} No 19 Cambridge st

Cause of Death, First (Primary), Indigestion

Second (Immediate), Convulsions

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 9 1886

Undertaker, Joseph Domak Jr Fayette

Place of Business, 19 Cambridge *Address,* 12 S Edo st

G A Whitenitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 20835 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence L. Hawkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months.* ..... *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. / /

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 3/ Mund 18th

Cause of Death, First (Primary), Eclampsia

~~Second~~ (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 8 1886

Undertaker, Morgan & Pye

Place of Business, 9 Mulberry st

J. H. Hoffmann M. D.
Medical Attendant.

Address, 27 & W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...hin twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as ...s the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and ...ause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 90836 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 9 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary A Wright

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 28 *Years,* — *Months,* — *Days,*

Color, Negro

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Essex County Va

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, { Give street and Number. } 5-5 Josephine Court

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 12 days under My Charge

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9th 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard st

W. W. Correll M. D.,
Medical Attendant.

Address. 154 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 12

Permit No. 90837 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 9 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline R. Cooke

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, —— *Years,* 9 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, { Give street and Number. } 40 Baltimore st

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 8. 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard st *Address,* 830 W Baltimore

J. A. Gillis M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90838 *Office of Registrar of Vital Statistics* Ward 13th

HEALTH DEPARTMENT APR 9 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, April 8, 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie O'Neal

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, 14 (yrs)

Place of Death, {Give Street and Number.} 1 Hoats Ct.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Abscess

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Center Hill Cemetery

Date of Burial, April 9. 1886

Undertaker, B Hasle.

Place of Business, 82 West Pr. *Address,* Fremo & Mulberry Sts

R W & O Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 9 1886 BALTIMORE

Permit No. 90839 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Foster Steele

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* ~ *Months,* ~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Drug Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Texas

Duration of Residence in the City of Baltimore, 19 months

Place of Death, {Give Street and Number.} No. 98 North Charles St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Robertson Co Texas

Date of Burial, April 9th 1886

Undertaker, Watkins & Sons

Place of Business, Park & Saratoga Sts

Eugene F. Cordell M. D.
Medical Attendant.

Address, 86 Oak St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90840 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 2 Walker St.

Cause of Death, First (Primary), Tuberculosis

Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, April 9 1886

Undertaker, [illegible]

Place of Business, [illegible]

Edwin B. Fenby M. D.
Medical Attendant.

Address, 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9084 *Office of Registrar of Vital Statistics* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certification.

HEALTH DEPARTMENT APR 9 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebbeca Straughn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 85 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 85 Years

Place of Death, {Give Street and Number.} 191 North Carolina St.

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Coma

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimr Cemetary

Date of Burial, April 10th

Undertaker, Wm H Heckman

Place of Business, N Gay St

John U. Pickel M. D.
Medical Attendant.

Address, 256 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT
APR 9 1886
BALTIMORE, MD.

Permit No. 9084 *Office of Registrar of Vital Statistics* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, April 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Wheatley

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 71 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Caulker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eandridge Dorchester Co. md.

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} 188 mulikin st

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9th 1886

Undertaker, Chas H. Ellis

Place of Business, 174 S Eutaw st

J. S. Daush M. D.
Medical Attendant.

Address, 325 E. Balto. st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90843 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 9 1886
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday April 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Schneider

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Liquor Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 79 Boyd St

Cause of Death, First (Primary), Malaria

Second (Immediate), Embolism

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Apr. 11/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balt St *Address,* 558 W. Fayette St

D. Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90844 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 9 1890 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, April 7. 90

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar E. Bradley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 98 Louis St.

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Apr. 10/90

Undertaker, J. B. Cook

Place of Business, 707 E. Balto

L. R. Wilson M. D.
Medical Attendant.

Address, 837 W. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...pleted by Physician as below, and to back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90845 *Office of Registrar of Vital Statistics,* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT APR 9 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years.* *Months.* *Days*

Color, C

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} No 11 Harmony Lane

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 9th 1886

Undertaker, Mr Corrigan

Place of Business, 227 Aisquith St *Address,* 306 W Fayette

O W Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90846 *Office of Registrar of Vital Statistics.* Ward 14th

HEALTH DEPARTMENT BALTIMORE APR 9 1886

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, April 8th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin J. Schultz. Infant of John C. Schultz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 15 *Days*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 54 E Pratt St

Cause of Death, First (Primary),

Second (Immediate), Convulsions = Continuous

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, N. A. Ephraim's Ch

Date of Burial, April 10/86.

Undertaker, Frank Leach

Place of Business, 249 N. Durham

Atzpeshertzer M. D.
Medical Attendant.

Address, 88 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall dio in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90847 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT APR 9 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Heard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, / *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} S. E. Cor. Washington & Jefferson Sts.

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ci

Date of Burial, April 9 1886.

Undertaker, Frank. Coach.

Place of Business, 349 N. Durham St. *Address,* 346 E. Baltimore St.

J. H. Collenberg *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90848 *Office of Registrar of Vital Statistics.* Ward 7c

HEALTH DEPARTMENT APR 9 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, April 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Duscheck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 249 N Durham St

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Marasmus

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, St. Alphansius Cr

Date of Burial, April 10/86

Undertaker, Frank Leach.

Place of Business, 249 N Durham St Address.

S. W Stoner M. D.
Medical Attendant.

Cause of Death Chronic Bronchitis

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 9084 9 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th April 6th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence B. Flemming

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 28 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, *Widow* or ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 54 Franklin St

Cause of Death, First (Primary), Phthysis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, about 18 Mos

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 10th 1886

Undertaker Wm. C. Weaver

Place of Business No 202 N. Eutaw St *Address,* 371 Eutaw Place

Thos. S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 9 1886 BALTIMORE

Permit No. 20850 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 8/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith C Kahn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 6 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 320 Hanover St

Cause of Death, First (Primary), Dentition

Second (Immediate), Bilious Congestion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, western cemetery

Date of Burial, April 9th

Undertaker, John J Conway

Place of Business, 69 Sullivan st

Jno D Blake M. D.
Medical Attendant.

Address, 158 Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 9 1886 BALTIMORE, MD.

Permit No. 20857 *Office of Registration of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alpheus Beall McKaig

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 38 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Lawyer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cumberland Allegheny Co Md

Duration of Residence in the City of Baltimore, A few days

Place of Death, {Give Street and Number.} 195 N. Harry St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), "

Duration of Last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Cumberland Md

Date of Burial, April 10th 1886

Undertaker, Hoff Jenkins & Lono

Place of Business, Park & Saratoga

Thomas Opie M. D.
Medical Attendant.

Address, 179 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

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No. 701

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20852 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 7. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Beatrice Myers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 6 *Months,* 14 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} x x

Occupation, x x x

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 82 Stiles st

Cause of Death, First (Primary), Measles

Second (Immediate), Eclampsia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9th /86

Undertaker, W. W. Mudd

Place of Business, 76 East St

James E. Hamill M. D.
Medical Attendant.

Address, 299 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20853 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 9 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Patton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Dress Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give Street and Number.} 3 N Frederick St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 10th 1886

Undertaker, Henry H. Mears

Place of Business, #22 W Lafayette St *Address,* 171 N Calvert

Geo B. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90852 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 7th April 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J. Rehbergen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* 5 *Months,* 22 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 243 Aliceanna St

Cause of Death, First (Primary),

Second (Immediate), Puerperal Fever

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Belair Md

Date of Burial, April 12 1886

Undertaker, Henry Sanden Son

Place of Business, 252 Canton Av *Address,* 28 Cathedral St

F. J. Miles *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4136 Transcribed

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20853 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Valentine

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 8 Bolton st

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cem

Date of Burial, April 9th 1886

Undertaker, H. Ross

Place of Business,

G. Thos A. Clemens M. D.

Medical Witness

Address, Cross & Fre

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M. McKewen Sanitary Inspector [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 92856 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT APR 9 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel E Griffin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 13 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 1 N Spring St near Biddle St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Asphyxia

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9 1886

Undertaker, Henry Hoen

Place of Business, 309 N Conk St *Address,* E. E. Ecy Err Carline

E. E. Ecy M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90857 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD. APR 9 1886

CERTIFICATE OF DEATH.

Date of Death, April 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgia Weyraugh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* —— *Months,* 20 *Days.*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 199 N Dallas st

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Cerebral Congestion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore A

Date of Burial, April 9th 1886

Undertaker, Henry Hoeckes

Place of Business, 309 N Eutaw *Address,*

S. V. Skinner M. D.
Medical Attendant.

Geo Gayetty Garlick

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90858 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 8 april 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Duncan Howard.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 4 *Months,* —— *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 28 Etting St.

Cause of Death, First (Primary), Acute Meningitis (Cerebral) with Effusion

Second (Immediate), Asthenia

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 9th 1886

Undertaker, John J. Andrews

Place of Business, No 476 Druid Hill Ave

B. F. Leonard M. D.
Medical Attendant.

Address, 314 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 90859 *Office of Registrar of Vital Statistics.* 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1886 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, April 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Pout

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* —— *Months,* 20 *Days,*

Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 402 E. Chas Or

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 days

the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 11th 1886

Undertaker Wm. James Gray

Place of Business, 65 Mullen's Alley Address, 164 Hanover St

Geo. N. Benson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20860 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Unknown - Supposed - 6 Weeks -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown -

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Abt - 45 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, "

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Supposed - U. S.

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give Street and Number.} Basin near Wash -

Cause of Death, First (Primary), Supposed Accidental Drowning

Second (Immediate), " "

Duration of Last Sickness, -

All the above information should be furnished by the Physician.

Place of Burial, West Pub. Cemty

Date of Burial, April 8/1886

Undertaker, Fred'k A. Kirchner

Place of Business, 30 Harlem Ave

Lut Beck M. D.
Medical Attendant.

Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20561 *Office of Registrar of Vital Statistics.* Ward 26

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Newton Laws

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* ~~~ *Months,* ~~~ *Days*

Color, White

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.} ✓

Occupation, Book-keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Sussex County - Delaware

Duration of Residence in the City of Baltimore, About 30 Years

Place of Death, {Give Street and Number.} 164 N. Stricker St

Cause of Death, First (Primary), Typho-Malarial Fever complicated by Pneumonia

Second (Immediate), Angina Pectoris

Duration of Last Sickness, Ten Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 11th 1886

Thos L. Shearer M. D.
Medical Attendant.

Undertaker, S. W. Leonard

Place of Business, 782 W. Balto Address, 97 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90862 *Office of Registrar of Vital Statistics.* Ward 16th

HEALTH DEPARTMENT APR 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 7/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Queen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~No~~ 30 *Years,* ——— *Months,* ——— *Days*

Color, Mulatto

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ———

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give Street and Number.} 90 Wayne

Cause of Death, First (Primary), ———

Second (Immediate), Puerperal Fever

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 11 1886

Undertaker, Hercules Ross Sr

Place of Business, 95 Gay Way St

Jno D Blake M. D.
Medical Attendant.

Address, 1588 Pacas

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90863. *Office of Registrar of Vital Statistics.* Ward 18

HEALTH DEPARTMENT APR 10 1886 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 8. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Deetue

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* 10 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give Street and Number.} 10 Hunter St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 10, 1886

Undertaker, Hercules Boss

Place of Business, 95 Caroll St

C. S. Boozy M. D.
Medical Attendant.

Address, 177 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90864 *Office of Registrar of Vital Statistics.* Ward 20th

HEALTH DEPARTMENT APR 10 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Annie Russell

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days,*

Color, White ✓

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 328 Penna. Av.

Cause of Death, First (Primary). Bright's Disease of Kidneys.

Second (Immediate). Exhaustion.

Duration of Last Sickness, 6 Months

the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Apr. 10/86

Undertaker J. B. Cook

Place of Business, 707 W. Balt'y

Henry Chandlee — M. D.
Medical Attendant.

Address, 181 Linden Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90865 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT APR 10 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 9th Apr. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Whitesides

~~Sex~~, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} 697 S. Charles st

Cause of Death, First (Primary), Heart disease

Second (Immediate),

Duration of Last Sickness, died suddenly

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 10/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 594 W. Fayette st.

J. McHood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10866 *Office of Registrar of Vital Statistics.* Ward 3

HEALTH DEPARTMENT APR 10 1888 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 9. 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph McCormack

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* Eight hours ~~*Days*~~

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, x x

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 47 S. Chapel st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 47 S. Chapel st

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Six Month Conception

Duration of Last Sickness, Eight hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 10th 188

James E Donnelly M. D.
Medical Attendant.

Undertaker, M. Clark & Son

Place of Business, 92 O Ave *Address,* 99 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90867 *Office of Registrar of Vital Statistics* Ward 18 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Andrew Scherer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, five *Years,* seven *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} No 20 Calverton ave

Cause of Death, First (Primary), Membranous Croup

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 10th 1886

Undertaker, John P. Pauline

Place of Business, 66 Fred. Av *Address,*

W. W. Wright *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 9986 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella Lane

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, Eighteen months

Place of Death, {Give Street and Number.} 27 Bucknell

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Shorpes Cemetery

Date of Burial, Apr 10 1886

Undertaker, William N Duncan

Place of Business, 62 E Ost St

Truman F Hill M. D.
Medical Attendant.

Address, 17 N Caroline ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20869 *Office of Registrar of Vital Statistics.* Ward 3rd

HEALTH DEPARTMENT APR 10 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} 39 E. Monroe St.

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, April 10th

Undertaker, W Blackamy

Place of Business, 253 E Lombard

R. Lee Hodges M. D.
Medical Attendant.

Address, 24 E Monroe St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 90870 *Office of Registrar of Vital Statistics.* Ward, 34

HEALTH DEPARTMENT APR 19 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs H Johnston

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, —— *Years,* 4 *Months.* 7 *Days*

Color, Black

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Butte City

Duration of Residence in the City of Baltimore, 4 mos.

Place of Death, {Give Street and Number.} N. 6. St. Peters

Cause of Death, First (Primary), Tetanus

Second (Immediate), Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Ever Green

Date of Burial, April 19 86

Undertaker, W. Bottomley Jr

Place of Business, 253 E. Lombard St.

Wm H Jones M. D.
Medical Attendant.

Address, 157 E Butte

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 9987 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 9 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Swaggerman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, House

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 19 Yrs

Place of Death, {Give Street and Number.} 218 N Gilmor St Balto

Cause of Death, First (Primary), Valvular Dis. of heart

Second (Immediate), Paralysis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 12th 1886

Undertaker, Wm J Tickner

Place of Business, 65 S Eutaw St *Address,* 36 S Eutaw St

I E Clagett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90872 *Office of Registrar of Vital Statistics.* Ward 11

HEALTH DEPARTMENT APR 10 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry L Turner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 1-5

Place of Death, {Give Street and Number.} 176 W. Biddle St

Cause of Death, First (Primary), Bronchopneumonia

Second (Immediate),

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Apr 11th 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard St

R. Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20873 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cordelia Downs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 2 Waters Court

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, St Marys St Cemetery

Date of Burial, April 10th 1886

Undertaker, Alex Hennesley

Place of Business, Orchard St

Thos A Glenn M. D.
Medical Attendant.

Address, Camp & Mc

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

(George E. Brown
Sanitary Inspector)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9087 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. A Stahl

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 117 Plum alley

Cause of Death, First (Primary), Enteritis

Second (Immediate), Collapse

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Georges

Date of Burial, April 10

Undertaker, B. Hurley

Place of Business, 82 West St

Wm Gambrill M. D.
Medical Attendant.

Address, 1706 Shuter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

5 54 B

Permit No. 9085 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 10 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hamellen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 92 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower.

Occupation, Bacon dealer in the market

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give Street and Number.} 214 Broadway

Cause of Death, First (Primary), Old age

Second (Immediate), Palysis of muscles of deglutition

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 12th

Undertaker, Geo Schilling

Place of Business, 19 Holland Sq *Address,*

Wm Aldridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 90876 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian May Sweeting

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* *Days*

Color, W

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 104 N Caroline St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Diphtheritic Croup

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 11th 86

Undertaker, Geo Schilling

Place of Business, Ashland Sq *Address,* 238 N Broadway

Wm. L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This [illegible]

Health Department, City of Baltimore.

Permit No. 9087 *Office of Registrar of Vital Statistics.* Ward 7th

HEALTH DEPARTMENT APR 10 1886 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 9 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McDermott

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brush Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 350 No. Durham St.

Cause of Death, First (Primary), Valvular Heart Disease

Second (Immediate), Edema Pulmonum

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 12th

Undertaker, Eco Schilling

Place of Business, Ashland-Ave. Address, 751/2 Gramit Ave

J. H. Robison M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 90878 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Todd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 08 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Salesman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number.} 699 Lexington Ave

Cause of death, {First, (Primary,) Second, (Immediate,)} Ch Peritonitis

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 10/86

Undertaker, Denny & Mitchell

Place of Business, 550 N Fayette

Geo H Lyon M. D.,
Medical Attendant.

Address, 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90879 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Weber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 1031 Jefferson St

Cause of Death, First (Primary),

Second (Immediate), Congestion of Brain

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 11th 1886

Undertaker, Henry W. Means

Place of Business, #22 W. Fayette St *Address,* Easton St.

C. S. Mufson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 90880 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant child of Chas & Frances Carpenter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~_____~~ *Years,* ~~_____~~ *Months,* 2 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 36 Bloom St. Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 36 Bloom St. Balt.

Cause of Death, First (Primary),

Second (Immediate), Premature Birth (7 months) no assignable cause.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivett

Date of Burial, April 10th 1886

Undertaker, Chas. A. Carpenter

Place of Business, 36 Bloom st, *Address,* 137 N. Carrollton Av

J. W. C. Cuddy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20881 *Office of Registrar of Vital Statistics.* Ward 17th

HEALTH DEPARTMENT APR 10 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Ramsay

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 176 Fort ave

Cause of Death, First (Primary), Lyth - Malarial Fever

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery.

Date of Burial, April 11th /86

Undertaker, Daniel Flynn

Place of Business, 107 West St

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90882 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 9th '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St. Vincents

Cause of Death, First (Primary), Marasmus

Second (Immediate), Ex

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, April 11 1886

Undertaker, Howard Lake

Place of Business, Division St.

F J Flannery M. D.
Medical Attendant.

Address, 404 Hillen

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 90883 *Office of Registrar of Vital Statistics.* Ward 20 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 10 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie J Bryan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 108 Argyle ave

Cause of Death, First, (Primary,) Dilatation of Heart

Second, (Immediate,) Gen Exhaustion

Duration of Last Sickness, 3 months - indefinite

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, April 11/86, C Winslow M. D.,

Medical Attendant.

Undertaker, M. A. Dayharsh

Place of Business, 74 S Eutaw Address, 233 N Gilmor st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9088 4 — Office of Registrar of Vital Statistics. — Ward 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Weiller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Gentleman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give Street and Number.} General Wayne Hotel

Cause of Death, { First (Primary), ... Second (Immediate), apoplexy 2 days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Oheb. Shalom

Date of Burial, April 11th 1886

Undertaker, Stewart & Bowers

Place of Business, 35 Parkave & Mt Royal & Boundary aves

I. E. Chaged M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90885 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 9 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Boon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, Blk

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, 23 /

Place of Death, {Give Street and Number.} 2115 Wyoming Ave

Cause of Death, First (Primary), Phthisis

Second (Immediate), Abscess

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Harford Cemetery

Date of Burial, April 11th 86

Undertaker, Grant Perkins

Place of Business, 221 Hamburg St

R A Dulles M. D.
Medical Attendant.

Address, Forest & Hulings

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this cert[illegible]

Health Department, City of Baltimore.

Permit No. 90886 *Office of Registrar of Vital Statistics.* Ward 15-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, April 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Butler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color, Colored ✓

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 63 yrs

Place of Death, {Give Street and Number.} 3 Hanover Court

Cause of Death, First (Primary), —

Second (Immediate), Disease of Heart

Duration of Last Sickness, C. C.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 11 1886

Undertaker, L. J. Locks

Place of Business, 113 Hillyard *Address,*

Thos. A. Bell M. D.
~~Medical Attendant.~~
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 40887 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10" 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Dean

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 84 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Gentleman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 8 months

Place of Death, {Give Street and Number.} #33 Madison Ave

Cause of Death, First (Primary), Old age

Second (Immediate), General debility

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, St Louis Mo

Date of Burial, April 11" 86

Undertaker, Stewart & Bowen

Place of Business, 35 Park Ave

Stewart & Bowen M. D.

Medical Attendant

Address, Lexington & N

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

E. C.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

L. P. Fitzpatrick Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 90888 *Office of Registrar of Vital Statistics.* Ward 13 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4.10.86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Dorsey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 94 *Years,* ——— *Months,* ——— *Days,*

Color, ~~d~~

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} V

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and Number.} 118 Lee St. (Lee)

Cause of Death, First, (Primary,) Erysipelas

Second, (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Talbot County

Date of Burial, April 12th 1886

Undertaker, J. D. Chase

Place of Business, 1028 Howard St

L. M. Eastman M. D.,
Medical Attendant.

Address, 849 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1139 Druid

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9088 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Maria Kreutzer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* 1 *Months,* 5 *Days*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give Street and Number.} 50 Biddle Alley.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April the 12

Undertaker, Walter Immel

Place of Business, 315 West Biddle

H. Rickert, M. D.
Medical Attendant.

Address, 515 Penna Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90890 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 10 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Police

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* 9 *Months,* *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 77 Baltimore

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross C

Date of Burial, April 12

Undertaker, B. Vlach

Place of Business, 82 West St

I W Mebler M. D.
Medical Attendant.

Address, 101 Barnett

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9089 / *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lehart Gibson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* — *Days*

Color, Wh

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 13 N. Carrington ave

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Apnoea

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, April 12. 1886

Undertaker, John Heaney

Place of Business, 382 Orleans St

E. B. Hutton M. D.
Medical Attendant.

Address, 51 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20892 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Montmori

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} France.

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give Street and Number.} 4 Bank St

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate),

Duration of Last Sickness, A few days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem.

Date of Burial, April 11th

Undertaker, W. Lipsel

Place of Business, 171 S. Bond St. *Address,* 2 W Broadway

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10673 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Roberts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give Street and Number.} 498 E. Chase St.

Cause of Death, First (Primary), Bright's Disease, Large White Kidney

Second (Immediate), Uremia Convulsions

Duration of Last Sickness, Probably 8 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmell

Date of Burial, Ap 12

Undertaker, W Dysart

Place of Business, 1515 Bond

Edwin B. Fenby, M. D.
Medical Attendant.

Address, 283 N. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20894 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Rosenthal,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give Street and Number.} 34 Penna Ave

Cause of Death, First (Primary), Diabetis Mellitus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, one year.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 12th 1886

Undertaker, A. Rohde.

Place of Business, 45 Penna ave *Address,* 515 Penna Ave

L. Ricker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10895 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Morgan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* 1 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Measurer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 54 S. Duncan Alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, April 11th 1886

Undertaker, G. Frazer

Place of Business, Bond & Wolfe *Address,* 44 E. Pratt St.

James F. McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 95876 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 10th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry W. Baush

Sex, Male or Female, {Cross out the word not required in this line.} Male (Baush)

Age, ... *Years,* 22 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 16 S. Chester St

Cause of Death, First (Primary), ...

Second (Immediate), Croup

Duration of Last Sickness, Last day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Apr. 13th 86

Undertaker, G. Franc

Place of Business, Franz & Wolfe *Address,* .....

D. Hotel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 10897

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10897 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 11 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Galloway

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Fifty *Years,* *Months,* *Days*

Color, Mulatto

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give Street and Number.} 174 W. Biddle St.

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Uremic Poison

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Frederick City

Date of Burial, April 12 1886

Undertaker, Alf. Hemsley

Place of Business, 116 Orchard St

F. B. Gardner M. D.

Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90898 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincent Montalcino

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Fruit Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give Street and Number.} No. 10. Irving Place

Cause of Death, First (Primary), Congestive Chills

Second (Immediate),

Duration of Last Sickness, Four days. Saw patient but once.

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cemetery

Date of Burial, April 13th 1886

Undertaker, Henry J. Mitchell

Place of Business, 66 S. Broadway, *Address,* 299 E. Balto. St.

James E. Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90899 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, April 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Degnan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, —— *Years,* 11 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 11 mos

Place of Death, {Give Street and Number.} 5 Little St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, April 12/86

Undertaker, Wm J Tickner

Place of Business, 65 S. Eutaw St

M. Warfield M. D.
Medical Attendant.

Address, Balto Ind. Disp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99900 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 10. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ann Thompson.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* 3 *Months,* 17 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give Street and Number.} 38 Hayne Street

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate),

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, April 12th 1886

Undertaker, Denny & Mitchell

Place of Business, 61 S Broadway

C. H. Thomas M. D.
Medical Attendant.

Address, 66. E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ease to the Returns below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90901 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, April 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Cordes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} ~~Female~~

Age, 1 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 100 Dover St

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia + Diphtheria

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, April 12th.

Undertaker, John L. Wacker

Place of Business, 150 Camden

D. E. Chaytor M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 90902

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90902 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT REGISTRAR BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, April 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Creighton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 57 N. Front St

Cause of Death, First (Primary), Chronic inflammation of Liver

Second (Immediate),

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cem

Date of Burial, April 12/1886

Chas F Mullikan M. D.
Medical Attendant.

Undertaker, Jos O'Byrne

Place of Business, 63 Front St *Address,* 283 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it ... who attended during his or her last sickness, or the Coroner, when the case comes under his ... hours after the death, to the Undertaker or other persons superintending the Burial, a certificat... be ascertained, the full name, sex, age, and condition (whether married or single) of the pe... f death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 90903 *Office of Registrar of Vital Statistics.* Ward 20

HEALTH DEPARTMENT
APR 12 1886
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aprie 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunnigunda Brechel.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give Street and Number.} 23 Smith St

Cause of Death, First (Primary), Paralysis -

Second (Immediate), Exhaustion,

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 13. 1886

Undertaker, Martin Fahey

Place of Business, 128 Lawrence *Address,* 575 Penna Ave

H Rickert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9190 — *Office of Registrar of Vital Statistics.* — Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, April 10: 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Truman Brown

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* ..... *Months.* ..... *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——— ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All from life

Place of Death, {Give Street and Number.} 233 N. Biddle St

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, April 12th 1886

Undertaker, F. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts

C. H. Nelson M. D.
Medical Attendant.

Address, 201 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special Attention of Physicians is respectfully invited to the Numerical Index, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 90905

Office of Registrar of Vital Statistics.

10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT APR 12 1886 BALTIMORE, MD.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 11/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Schafer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 9 yrs *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 214 Pine St.

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.)

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, April 12th 1886

Undertaker, F. Lewis Schafer

Place of Business, 709 N Fremont

Wm B. Rider M.D.,
Medical Attendant.

Address, 89 Harlem Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90906 *Office of Registrar of Vital Statistics.* Filed ....., 20..

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED APR 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ Fifteen *Months,* ~~Days~~

Color, Mulatto

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 337 Hoffman St.

Duration of Residence in the City of Baltimore, 15 months

Place of Death, {Give Street and Number.} 337 Hoffman St.

Cause of Death, First (Primary), Catarh

Second (Immediate), Bronchitis

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Shaw St Cemetery

Date of Burial, April 12-1886

Undertaker, F W Madden

Place of Business, 46 East St

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9097 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 10. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Lee

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 116 Vine St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 12-1886

Undertaker, W W Madden

Place of Business, 46 Eastern Ave

C W Neff M. D.
Medical Attendant.

Address, Cor N Front & Wells

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90908 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1886.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Anne Walsh

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female.

Age, 16 *Years,* 3 *Months,* 16 *Days,*

Color, White.

~~Married~~, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 64 Smith Ave

Cause of Death, First, (Primary,) Bright's disease.

Second, (Immediate,) Acute Pulmonary Edema

Duration of Last Sickness, 7 months.

All the above information should be furnished by the Physician.

Place of Burial, Petersburg Va

Date of Burial, April 13th 1886 *William E. Hiegand* M. D., Medical Attendant.

Undertaker, J. E. Monahan & Co

Place of Business, 320 E. Lanvale *Address,* 343 Penna Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

4141 Franklin

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9909 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT APR 12 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Bizaur

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 18 hours ~~*Days*~~

Color, ~~~ White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 10 Miller St

Cause of Death, {First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cemetery

Date of Burial, April 12 1886

{*Undertaker,* Frank Enoch

Place of Business, 249 W Pratt Address, 218 Do

James A Clemens M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Louis Mathias Sanitary Inspector

...ve this certificate.

Board of Health, City of Baltimore, 20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 12 1886 BALTIMORE

Permit No. 9290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm L Scroggins

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~Years,~~ one *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 7 Clockton st near Hollins st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} ~~Hardoben~~

Cause of Death First, (Primary,) Premature birth, being a 7 Month child

Second, (Immediate,) inanition.

Duration of last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Sharpes Cemetery

Date of Burial, Apr 12 1886

Undertaker, William N Dorsey

Place of Business, 62 East st

Geo C Ogle M. D.
Medical Attendant.

Address, 229 N Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 12 1886 BALTIMORE MD.

Permit No. 70911 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Deaton

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, Years, 19th Months, Days

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 123 E. Bidle St.

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate),

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 13 1886

Undertaker, John W. Jackson

Place of Business, Gay & Carrollsts *Address,* 242 N. Broadway

Thos. J. Simms. M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 90912

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE APR 12 1886

Permit No. 90912 *Office of Registrar of Vital Statistics.* 188 Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Griffin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 10 W. Saratoga St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion from

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, April the 12th

Undertaker, Fred C. Gaede

Place of Business, 29 & Bare line

B. Wallett M. D.
Medical Attendant

Address, 24 W. Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE

Permit No. 90913 *Office of Registrar of Vital Statistics.* APR 12 1886 Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. A. Ortmanns

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 75 *Years,* 10 *Months,* 17 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Adelsdorf, Bavaria

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give Street and Number.} 98 S. Regester st

Cause of Death, First (Primary), old age

Second (Immediate), Bronchial catarh

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, St. Michael's B. Ground

Date of Burial, April 13. 1886

Undertaker, A. A. Dugan Atty.

Place of Business, 94 S. Bway

P. J. Daugh M. D.
Medical Attendant.

Address, 325 E. Balto. st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9091 4 *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT APR 12 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 10, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice K. Ewing

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 210 N. Fulton Ave

Cause of Death, First (Primary), Pulmonary Acute Mania

Second (Immediate), Prostration

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, Apr 12th 1886

Undertaker, D Ewing & Mitchell

Place of Business, 550 W Fayette St *Address,* 554 W Fayette St

L. Gilpin Lucas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90915 *Office of Registrar of Vital Statistics.* Ward, 20.

HEALTH DEPARTMENT APR 12 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Gopelt

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Five *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 49 Pulton St

Cause of Death, First (Primary), measles

Second (Immediate), Cerebral Bronchitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, Apr 13 1886

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 207 Maryland Ave

H. H. Grimes *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

414 E Fayette

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90916 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr. 10 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Regan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Day-man

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give Street and Number.} City Hospital (Residence & Amerstad Lane)

Cause of Death, First (Primary), Brights Disease

Second (Immediate), Erysipelas of Face

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 13/86

Undertaker, M. Doyle

Place of Business, 200 S. Charles

Walter J. Brown M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 9917

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9917 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, 11 April 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Reus

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 4 *Months,* 11 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 23 Farlow Street (Tenement)

Cause of Death, First (Primary), Hydrocephalus acutus

Second (Immediate), Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 13 April 1886

Undertaker, J. L. P. Partus

Place of Business, 66 Fred A. *Address,* 211 N. Howard Street

L. F. Reinhardt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

90918

The Special Attention of Physicians is respectfully invited to the Remarks ... List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90918 *Office of Registrar of Vital Statistics.* Ward 11/6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, April 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry L. Wolf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* 5 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

...h Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

...ation of Residence in the City of Baltimore, Since birth

...e of Death, {Give Street and Number.} 399 E. Pratt St

...se of Death, First (Primary), ——

Second (Immediate), Erysipelas

...ration of Last Sickness, One week.

All the above information should be furnished by the Physician.

...of Burial, St. Alphonsus Cem.

... of Burial, April 13, 1886 A. F. Erich M. D.

Medical Attendant.

...ertaker, G. Fraser

...e of Business, Bank Note Co. *Address,* 95 Park Ave.

...ct from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

...ON 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty ...sician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...nty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as ...ame can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and ...nd date of death.

[OVER.]

No. 9979

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9979 *Office of Registrar of Vital Statistics.* 86 Ward 21st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, April 11"

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Bradley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 2 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} No 102 Ridgley St.

Cause of Death, First (Primary), Infantile Catarrh.

Second (Immediate), [illegible]

Duration of Last Sickness, Eight (8) Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Apr. 13/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* Columbia Ave & Carey Sts.

Emil D. Gundrum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20920 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Clary

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, {Give Street and Number.} Inst. Little Sisters of the Poor

Cause of Death, First (Primary),

Second (Immediate), Senile Decay

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cimetery

Date of Burial, April 12th 86

Undertaker, Wm. Bloodsamp & Co.

Place of Business, E. Lombard *Address,*

Jno. Brooke Boyle M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9092 1 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 124 S Bethel St

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate),

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 14

Undertaker, W Disney

Place of Business, 197 S Paca

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90922 *Office of Registrar of Vital Statistics.* Ward 4th

HEALTH DEPARTMENT APR 12 1890 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Siemann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* 8 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Milliner Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give Street and Number.} 70 Granby St

Cause of Death, First (Primary), Hypostatic of Heart

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Apl 14

Undertaker, W. D'Pent

Medical Attendant, Edward Lewis M. D.

Place of Business, 157 E Balto

Address, 460 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 8923

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90923 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE, MD. APR 12 1900

C

CERTIFICATE OF DEATH.

Date of Death, April 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella May Baker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Peters in Pork ave. 143

Cause of Death, First (Primary), Rubeola

Second (Immediate), Pneumonia

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial,

Undertaker, George Barrett

Place of Business, 16 Hannaman ave

John Appel M. D.
Medical Attendant.

Address, 503 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 10924

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 10924 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April-11-1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Murray

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 40 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, Wash & Ironer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 182 Mulliken St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 6. Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 13th 1886

Undertaker, J. Bell

Place of Business, [illegible] *Address,* 284 N. Bond

G. H. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 90925

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90925 *Office of Registrar of Vital Statistics.* Ward 10

HEALTH DEPARTMENT APR 13 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 11th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 84. *Years,* *Months,* *Days*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania.

Duration of Residence in the City of Baltimore, 50 Years.

Place of Death, {Give Street and Number.} 6. Myrtle Ave.

Cause of Death, First (Primary), Old Age.

Second (Immediate), Coma.

Duration of Last Sickness, Has been declining for 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount.

Date of Burial, April 13. 1886.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Eutaw St. *Address,* 273 Lexington St.

John L. Frazier M. D.
"Medical Attendant."

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...pulmonary affection, is respectfully invited to the details as above, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90926 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie S. Stabler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} V

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give Street and Number.} 96 W. Monument St.

Cause of Death, First (Primary), Chronic Pneumonia

Second (Immediate), Acute Phthisis

Duration of Last Sickness, Abt 6 Weeks Cannot say positively when

All the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, April 13th 1886

Undertaker, Kelly Eudaline Sons

Place of Business, Park Ave & Saratoga

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90927 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 10 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Meinecheim

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* ~~Months.~~ ~~Days~~

Color, White

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 25 Burk st

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cem

Date of Burial, April 12 th 1886

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave *Address,* 22 Jackson Square

Thos. B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20928 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE
APR 12 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret E. Nelson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give Street and Number.} 118 Edmondson ave

Cause of Death, First (Primary), Lead Poisoning

Second (Immediate), Encephalopathy

Duration of Last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Crosfield Md

Date of Burial, April 13th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

J. E. Clagett M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4145 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 9092 9 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH APR 12 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 11 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Not named — Child of Solomon Stern & Mirdle Stern 168 L Green Street

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ~~ Years, ~~ Months, 11 hours Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } X

Occupation X

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and Number. } 168 Little Green St

Cause of Death, First (Primary), Lung Hem

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Shelter

Date of Burial, April 13/86

Undertaker Evans & Spence

Place of Business, E Balto St

A Friedenwald M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 90930

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90930 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 17th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Kimball

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 206 Ellwood St.

Cause of Death, First (Primary), Cyanosis

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cemetery

Date of Burial, April 19, 1886

Undertaker, Henry Hoeck

Place of Business, 739 N. Central Ave *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9093 / *Office of Registrar of Vital Statistics.* Ward 18 ½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Hickey

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 26 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 2 S. Fulton Av

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 14

Undertaker, Jos. B Cook

Place of Business, 707 W Baltimore

E. O'Donovan M. D.
Medical Attendant.

Address, 105 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90932 — *Office of Registrar of Vital Statistics.* — Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Corcoran

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} Warren Ave & Henry St

Cause of Death, First (Primary), Bright's disease

Second (Immediate), of Kidneys

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Ivi Lateral R.

Date of Burial, April 14

Undertaker, B. Hall

Place of Business, 82 West St

J. C. Burch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...spectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20933 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 11th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aggie Mannis

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 2 1 *Days*

Color, Colored

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 2 Brewers alley

Cause of Death, First (Primary), Accidentally

Second (Immediate), Drowned

Duration of Last Sickness, — —

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 13th 1886

Undertaker, Alex. Hensley

Place of Business, 116 Orchard St

Wm A Jones M. D.

Coroner

~~Medical Attendant.~~

Address, 322 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Numbers Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90934 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the delivery of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 11

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bettie Clark

~~Sex, Male or~~ Female, { Cross out the word not required in this line. } Fem

Age, 35 *Years,* *Months,* *Days,*

Color, Colored

~~Married, Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. } Widow

Occupation, Cook

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 47 Bruce Alley

Cause of Death, { ~~First, (Primary,)~~ / Second, (Immediate,) Phthisis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, April 13th 1884

Undertaker, John C. Hoeck Jr.

Place of Business, Penna Ave

Wm. Niles Hall M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 20935

Board of Health, City of Baltimore,

Permit No. 20935 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Horner

~~Sex,~~ Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days,*

Color, White

~~Married,~~ Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} Robinson St

Cause of Death, First (Primary), decay of age

Second (Immediate), " " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Calvert

Date of Burial, April 18. 1886

Undertaker H. Snyder & Son J H Martin *M. D.*

Place of Business, 952 Eastern Ave *Address,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90936 *Office of Registrar of Vital Statistics* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE APR 14 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 12 — 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Hoonan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 1/2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} N. Y. Childs Hospital

Cause of Death, First (Primary), Meal-Nutrition

Second (Immediate),

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 13

Undertaker, [illegible]

Place of Business, [illegible]

J. M. Hundley M. D.
Medical Attendant.

Address, 22 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...s Certificate.

Health Department, City of Baltimore.

Permit No. 9093 7 *Office of Registrar of Vital Statistics.* Ward 14 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1886

H

CERTIFICATE OF DEATH.

Date of Death, April 11- 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} U of Childs Hospital

Cause of Death, First (Primary), Erysipelas

Second (Immediate),

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 13

Undertaker, C W Blizzard

Place of Business, 27 Pennsylvania ave

J. M. Hundley M. D.
Medical Attendant.

Address, 22 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20938 *Office of Registrar of Vital Statistics.* Ward 3 ci

HEALTH DEPARTMENT
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 17 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Neal

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* *Months,* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, six weeks - one & visit

Place of Death, {Give Street and Number.} 3 So Bethel

Cause of Death, First (Primary), Heart Disease - Dropsy

Second (Immediate), Asthenia

Duration of Last Sickness, 3 years - Not visited by Physician so long as I know

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 19 86

Undertaker, Chas S. Ly

Place of Business, 87h Broadway *Address,* 7th & Broadway

Geo L. Dintaman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...Physician on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99939 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... APR 14 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, April 12th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Sampson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months.* *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 9 Mulliken St.

Cause of Death, First (Primary), Consumption of lungs 1

Second (Immediate), Exhaustion 1

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 14th 1886

Undertaker, Saml W. Blake

Place of Business, 198 S. Howard st

J. Homer Hoffman M. D.
Medical Attendant.

Address, 279 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 90940 *Office of Registrar of Vital Statistics.* Date 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene D Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years 9 mos

Place of Death, {Give Street and Number.} Chestnut St 117

Cause of Death, First (Primary),

Second (Immediate), Congestion Lungs

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 13 1886

Undertaker, S Thrasher

Place of Business, 178 Edward St *Address,* Eutaw St

O L Mahon *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 20941

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20941 *Office of Registrar of Vital Statistics* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, April 12th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith May Rush

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days.*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 366 McHenry St.

Cause of Death, First (Primary), Murder.

Second (Immediate), Congestion of Lungs.

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Union Cem. Balto. Co

Date of Burial, Apr. 14/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

L. R. Wilson M. D.
Medical Attendant.

Address, 813 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90942 Office of Registrar of Vital Statistics Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, April 11 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin W Mullin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* 2 *Months.* 29 *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Engineer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 99 N. Caroline St.

Cause of Death, First (Primary), Valvular disease of Heart

Second (Immediate),

Duration of Last Sickness, about half an hour

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 14th

Undertaker, Geo Schilling

Place of Business, 1st and Lyon

C Hall Rulland M. D.

~~Medical Attendant.~~ Coroner

Address, 16 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 20943

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20943 *Office of Registrar of Vital Statistics* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Mc Fredricks

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* 11 *Months,* 2 *Days*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, {Give Street and Number.} 205 Columbia ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetary

Date of Burial, April 14th 1886

Undertaker, Dieterick Wiegand

Place of Business, 166 Druid Hill Ave *Address,* 92 Columbia ave

Geo R Graham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20964 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 12" 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Megeal Ann Thom

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* ~ *Months,* ~ *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} A. A. Co Md

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give Street and Number.} 1131 Chestnut St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 14" 86

Undertaker, Wm Dungee

Place of Business, East St *Address,* Dungee

Thomas A Hand M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Ed 61

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

J. D. Fitzpatrick
Sanitary Inspector

No. 20945

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20945 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly May Fernandis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* 3 *Days*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 85 Linden Ave

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Meningitis

Duration of Last Sickness, ~ 5 days ~

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Thur. 13 - 1886

Undertaker, [illegible]

Place of Business, 46 East 6th

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Gaetano Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 10946

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10946 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa D. Wright

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Montgomery Co Md

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give Street and Number.} 66 Stockholm St

Cause of Death, First (Primary), Pneumonia Double

Second (Immediate), Prostration

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Montgomery County Md

Date of Burial, April 14 1886 C. L. Buddenbohn M. D.

Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 95 E. Pratt St *Address,* 166 S. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

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No. 10747

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90947 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 11 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Rubeola.

Second (Immediate), Broncho-Pneumonia.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, April 14th 1886

Undertaker, Hammond Lake

Place of Business, Division St.

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. & Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

*Permit No. 90948 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Gill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 10 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or [illegible], and how long in [illegible]ted States, if of fo[illegible]gn birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St Vincents

Cause of Death, First (Primary), Rubeola

Second (Immediate), Pneumonia & Ex.

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cem.

Date of Burial, April 14 1886

Undertaker, Hammond Lake

Place of Business, Division St.

F. J. Flannery M. D.
Medical Attendant.

Address, 404 Dr. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90949 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 14 1886

CERTIFICATE OF DEATH.

Date of Death, April 12 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret C. Boyd

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color,

Married, ~~Single,~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give Street and Number.} 39 E. High St.

Cause of Death, First (Primary), Pernicious anemia

Second (Immediate),

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Glenridies Cemt

Date of Burial, April 14th 1886

Undertaker, John J. Andrews

Place of Business 44 & Druid Hill Ave

H. M. Wilson M. D.
Medical Attendant.

Address, 25 Mad. ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 90950

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90950 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, April 11th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Scheve

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give Street and Number.} no 27 York st

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asphixia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 13 1886

Undertaker, C. Schleman

Place of Business, 181 S Sharp St

C. L. Buddenbohn M. D. Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 20951

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20951 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Brown

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 6 E. Jenkins Alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate), "

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 14 1886

Undertaker, Roy Thomas Co

Place of Business, 116 Orchard st *Address,* 8 E. N. Paca St

J. B. Hemmeter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 90952

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

BOARD OF HEALTH
APR 14 1886
BALTIMORE, MD.

Permit No. 90952 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Palmer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, ~~Years,~~ ~~Months,~~ 1/12 Years ~~Days,~~

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} #394 N. Butts

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 394 N. Butts or

Cause of Death, First (Primary), Bronchitis & Ulcers

Second (Immediate) Prematurus Birth

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, April 13th 1886

Geo. H. Dunson M. D.
Medical Attendant.

Undertaker Geo. Lumbard

Place of Business, 3911 Penna. Ave. *Address,* 1414 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 90933

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90933 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 13th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Moden {Mother Name

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 9 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Gallo City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 12 Brewers Alley

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 14th 86

Undertaker, Geo Kemsley

Place of Business, Orchard & St Address, Camp & Potts

J. Thos. Steele M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

J. C. FitzPatrick Sanitary Inspector

No. 70934

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90934 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1886 REGISTERED

B

CERTIFICATE OF DEATH.

Date of Death, April 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Emma Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Barnesville Belmont Co. Ohio

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give Street and Number.} L. E. Co of Monument & Canton

Cause of Death, First (Primary), Fatty degeneration of heart,

Second (Immediate), Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents cemetery

Date of Burial, April 13th

Undertaker, H. C. Whitfield

Place of Business, 100 Greenmount Ave *Address,*

Geo. B. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate

Health Department, City of Baltimore.

Permit No. 99955 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED APR 14 1886

CERTIFICATE OF DEATH.

Date of Death, April 13 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Tippermann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 116 Raborg st

Cause of Death, First (Primary), Inflammation of

Second (Immediate), Heart disease

Duration of Last Sickness, about half hour

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 15 86

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

Wm A. Jenny M. D.

Coroner

~~Medical Attendant.~~

Address, 326 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 90956

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90956 *Office of Registrar of Vital Statistics.* Ward

HEALTH DEPARTMENT
APR 14 1886
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate accurately filled to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 12/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara E. Mosher

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days*

Color, col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give Street and Number.} 94 Orchard St

Cause of Death, First (Primary), Thrush

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 14/86

Undertaker, Alex Hemsley

Place of Business, Orchard St

Thos. A. Shaw M. D.

Medical Attendant

Address, Church & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Wm. E. Brown
Inspector

...attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9095 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 12 / 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Lutherdt (Parents) John F

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* about 4 hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 1465 Central ave

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 1465 Central ave

Cause of Death, First (Primary), Premature Birth

Second (Immediate), asphyxia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 14 1886

Undertaker, Peter Frey

Place of Business, 81 Eastern Ave

T. Chew Worthington M. D.
Medical Attendant.

Address, 3736 W. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90758 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S DEPARTMENT, APR 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonie Block.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months,* ..... *Days*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 40 years -

Place of Death, {Give Street and Number.} No. 130 N. Bond st -

Cause of Death, First (Primary), Hepatitis

Second (Immediate), Cancer of Liver

Duration of Last Sickness, 2 months

All the above information to be furnished by the Physician.

Place of Burial, Eden St. Cem. Balto. Co.

Date of Burial, April 14-"86

Undertaker, Henry Miller Dennis

Place of Business, 8 N. Central ave. *Address,* 231 N. Broadway

Wm. L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...especially invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20959 *Office of Registrar of Vital Statistics.* Ward 8 cr

HEALTH DEPARTMENT RECEIVED APR 14 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, 12th April 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm T Lowry

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days*

Color, mulatto

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 157 Cathedral

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 150 Cathedral

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), " "

Duration of Last Sickness, Some months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, April 14th 1886

Undertaker, Stewart & Mowen

Place of Business, 36 Park ave & 161 Royal & Boundary aves

C B Gamble M. D.
Medical Attendant.

Address, 57 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 90960

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90960 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Thursday April 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Hall (John Hall Father)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 8 Carlton St

Cause of Death, {First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 14 1886

Undertaker, William M. Duryee

Place of Business, 62 East St

J D Morris M. D.
Medical Attendant.

Address, 558 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 90961

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90961 *Office of Registrar of Vital Statistics.* 188 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED APR 14 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, April 12 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Bales

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 98 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Queen Anne County Md

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} No 109 Park Ave

Cause of Death, First (Primary), old Age

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, April 14 1886

Undertaker, William H Dwyer

Place of Business, 62 East St

H Hunt M. D.
Medical Attendant.

Address, No 36 Adams St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 10762

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90962 *Office of Registrar of Vital Statistics* Ward 5 1/4

The Physician who attended any person in a last illness, is responsible for the representation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

A

CERTIFICATE OF DEATH.

Date of Death, April 13. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wallie Gibbs,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Six *Months,* *Days*

Color, Colored,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 96. East St,

Cause of Death, First (Primary), Catarrhal Pneumonia,

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lunel Cemetery

Date of Burial, April 15 1886

Undertaker, William A. Dwyer

Place of Business, 62 East St

J. W. Chambers M. D.
Medical Attendant.

Address, 133 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 90963

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90963 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 12, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Sims

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seven *Years,* — *Months,* — *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 59 Josephine Court

Cause of Death, First (Primary), Brain ds

Second (Immediate), Convulsions

Duration of Last Sickness, About Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 14 1886

Undertaker, William J Inman

Place of Business, 62 East St

E. H. Holbrook M. D.
Medical Attendant.

Address, 180 N. Barney st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 70764

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90964 *Office of Registrar of Vital Statistics.* 7 2

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, April 13th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Isabelle Deal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 326 N Ann St.

Cause of Death, First (Primary), Cer. Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, a day and half

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 15/86

Undertaker, Wm S Fry

Place of Business, 711 Baltimore Address, 242 N. B Way

Thomas J. Simms M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9065 *Office of Registrar of Vital Statistics.* Ward 12 of 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 13/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Soh

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* 0' *Months,* *Days*

Color, White

Married, ~~*Single*~~, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 83 Walnut Alley

Cause of Death, First (Primary), Laryngeal Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, Merged

All the above information should be furnished by the Physician.

Place of Burial, Bony Brae

Date of Burial, April 15. 1886

Undertaker, Walter Immel

Place of Business, 315 W. Biddle St.

D. H. Miller M. D.
Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90966

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 13 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Catharina Schmid

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 79 *Years,* 10 *Months,* Some *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Shopkeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 Years

Place of Death, {Give street and number.} S. Caste St. 84.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) The Same and old age

Duration of Last Sickness, in intervals 15 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 15th 1886

Undertaker, H. Sandey & Son

Place of Business, 252 Canton Ave *Address,*

C. H. Fick M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 90967

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 90967 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 13. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Hildebrandth

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Three Days ~~Years~~, ~~Months~~, 3 *Days,*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 205 Park Avenue

Cause of Death, First (Primary), Delayed Labor. Injury from Compression.

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 14/86

Anna L. Kuhn M. D.
Medical Attendant.

Undertaker Chas. T. Scriven

Place of Business, 27 N Eutaw *Address,* 497 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...Deaths, and a List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90968 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the [illegible] of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *two* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

REGISTER'S DEPARTMENT APR 14 1886 BALTIMORE MD.

74

CERTIFICATE OF DEATH.

Date of Death, April 14th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm B. Pinkington

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 78 *Years,* *Months,* *Days.*

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 625 Mens Home

Cause of Death, { First, (Primary,) Heart Dropsy

Second, (Immediate,)

Duration of Last Sickness, 3 Mos

All the above information should be furnished by the Physician.

Place of Burial Green Mt Cem

Date of Burial, April 15th 86

Undertaker, Henderson Bros

Place of Business, Park Ave

Geo H Keplinger M. D., Medical Attendant.

Address, 1 Wamsley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
APR 14 1886
BALTIMORE, MD.

8 4

Permit No. 90969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, April 13 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Washington Brand

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* 4 *Months,* 5 *Days.*

Color, White *Sex,* M.

Married, ~~Single, Widow or~~ *Widower* {Cross out the words not required in this line.}

Occupation, Retired

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cecil Co. Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 25 N. Eutaw St.

Cause of Death, First (Primary,) Laryngitis

Second (Immediate,) Pneumonia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mt Ennmount

Date of Burial, April 15th 1886

W. F. Howard M. D.
Medical Attendant.

Undertaker, Hewson & Linthicum

Place of Business, Park & Saratoga sts *Address* 181 Mad. Ave

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 90970

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90970 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT APR 14 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, April 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Wesley Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 18 *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} # 49 Walker St

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give Street and Number.} 49 Walker St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Congestion

Duration of Last Sickness, 1 wk

All the above information should be furnished by the Physician.

Place of Burial, Mark St Cem

Date of Burial, April 14th 86

Undertaker, H Rop

Place of Business, Little Pacat Comm

R. C. Smith M. D.
Medical Attendant.

Address, #106 Col Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 90971

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90971 *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT APR 14 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen M. R. Bryan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} 221 Fulton Ave

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, ~~St Mary's Cem~~ Loudon Park Co.

Date of Burial, Apr 15/86

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 228 E. Preston St

M. W. Billingslea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 90972

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

Permit No. 90972 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch L. Watson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 0 *Months,* 35 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, 3

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 93 North St

Cause of Death, {First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, April 14th 1886

Undertaker, Henry W. Mears

Place of Business, #22 W. Fayette St *Address,* 171 N Caroline St

Geo. B. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 90973

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90973 *Office of Registrar of Vital Statistics.* Ward 10

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Valentine

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three *Years,* Nine *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 307 Mulberry St

Cause of Death, First (Primary), Tuberculor Meningetis

Second (Immediate), —

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 15th 86

Undertaker, M. Cadogan

Place of Business, 227 Mulberry *Address,* 105 N. Central Ave,

Francis A. Sauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 7 0 7 7 4

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9097 4 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 13 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma E. Kent

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Master Mariner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Chatham - Mass.

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give Street and Number.} 33 Hartford Ave.

Cause of Death, First (Primary), Neuritis ?

Second (Immediate), Acute Tuberculosis

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Barnstable Co Mass

Date of Burial, April 14th 1886

Undertaker, Heiss Eastern Bros

Place of Business, Park Variety

J. E. Atkinson M. D.
Medical Attendant.

Address, 19 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4/14/86 transit

[over.]

No. 90975

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Table of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE MD

Permit No. 90975 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, April 13–1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Reinhardt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days*

Color, Wht.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} √

Occupation, Box-maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 yrs.

Place of Death, {Give Street and Number.} No. 27 Little Mc Elderry

Cause of Death, First (Primary), Hemorrhage, result of incised wound

Second (Immediate), of throat severing both Carotids & int. Jugulars, & self-inflicted.

Duration of Last Sickness, 3–5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cy

Date of Burial, April 15 1886

Undertaker, Jas P Byrne

Place of Business, 63 Front

Alex. Hill, M. D.
Medical Attendant.

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90978 *Office of Registrar of Vital Statistics* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 13th — 86 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Banks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, Red

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 20 Gilbert St.

Cause of Death, First (Primary), Rupture of Uterus

Second (Immediate), Shock & Hemorrhage

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Harp Hill cemetery

Date of Burial, April 14th 1886

Undertaker, Wm. A. Dungee

Place of Business, 62 East St

J. M. Hundley M. D.
Medical Attendant.

Address, 22 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 9077

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9077 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, April 13/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Tansey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, {Give Street and Number.} 7 W. Conn. Chas & Maryland Ave

Cause of Death, First (Primary), Pneumonitis & Pelvic cellulitis both lungs.

Second (Immediate), Child Birth. Puerperal Exhaustion & Shock.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 15th 1886

Undertaker, Henry K. Mears

Place of Business, 422 W. Fayette St. *Address,* 54

Edward O'Holohan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 9978

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9978 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marietta Anna Henry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 10 hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} cor Shore & Maryland Ave.

Cause of Death, First (Primary), Premature birth caused by

Second (Immediate), Pneumonitis & Bil Pleurisy fetus

Duration of Last Sickness, 8 minutes period of Gestation

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 15th 1886

Undertaker, Henry W. Mears

Place of Business, #22 N. Fayette St *Address,* 22 Fayette St

Edward Lynch Dorsey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 20979

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20979 *Office of Registrar of Vital Statistics* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1886 — 10 45 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Seiffar

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 58 years *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Steamdyer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 26 yrs in America

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give Street and Number.} St. Joseph's Hospital.

Cause of Death, First (Primary), Delirium Tremens

Second (Immediate), Coma

Duration of Last Sickness, Drunk 4 weeks —

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Apr. 15th 86

Undertaker, G. France

Place of Business, Park & Wolfe Sts *Address,* 188 W. Calvert St.

Oscar Hoxter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 90980

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90980 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Unknown, Supposed 6 or 8 Weeks

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, " 35 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, "

Birth Place, {State or country, and how long in the United States, if of foreign birth.} "

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} Supposed Patapsco Branch

Cause of Death, First (Primary), " Accidental Drowning

Second (Immediate), " "

Duration of Last Sickness, " "

All the above information should be furnished by the Physician.

Place of Burial, U. Peb Cemetery

Date of Burial, April 14th 1886

Undertaker, H. A. Kerchner

Place of Business, Health Office

Sml Beck M. D.

~~Medical Attendant.~~ Coroner 2d Dist.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90981 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED APR 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 14 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Mary Coombs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 100 Dooresh

Cause of Death, First (Primary), Measles

Second (Immediate), Diphtheritic Croup

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, 14th April 1886

Undertaker, Jno I Thacher

Place of Business, 150 Camden St

J. E. Clagett M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 20982

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20982 *Office of Registrar of Vital Statistics* Ward 7th

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 13, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. E. Allwine

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 11 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 286 McDonough St

Cause of Death, First (Primary), Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, April 15th, 1886

Undertaker, Mr Hickman

Place of Business, Gay St.

W. W. White, M. D.
Medical Attendant.

Address, 363 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 90983

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 90983 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, April 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Hecht

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 49 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Housekeeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U S

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} #217 W Lombard Street

Cause of Death, First (Primary). Gastro-intestinal congestion

Second (Immediate). vomiting, purging, exhaustion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial Ft Mt Point Cemetery

Date of Burial, April 15

Undertaker Leach & Sons

Place of Business, 2 & 8 Light Address, 88 N Eutaw Street

A Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 90984

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90984 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 12th 6 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Mary Oneill.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 6 *Months,* *Days*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.} Single.

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, All her life.

Place of Death, {Give Street and Number.} 16 Constitution St.

Cause of Death, First (Primary), Rubeola - Meningitis

Second (Immediate), Convulsions - Coma

Duration of Last Sickness, About 1 WEEK.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, April 14 1886

Undertaker, James O. Byrne

Place of Business,

Joseph B Saunders M. D.
Medical Attendant.

Address, 102 E. Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 90985

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90985 *Office of Registrar of Vital Statistics* Ward 6

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 13/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Quinlan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give Street and Number.} 1305 Aisquith

Cause of Death, First (Primary), Malaria

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cy

Date of Burial, April 15/1886

Undertaker, Geo C Byrne

Place of Business, 63 Fremont *Address,* 157 Hanover

Jno O'Mara M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90986 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, April 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William David Thompson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 231 S. Wolf St.

Cause of Death, First (Primary), Tuberculosis of lungs

Second (Immediate), [illegible]

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Methodist Bem

Date of Burial, April

Undertaker, W Diffel

Place of Business, 157 S Bond *Address,*

Jno. S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 10987

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 14 1888 BALTIMORE, MD.

Permit No. 10987 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, April 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Schuellner

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ ~~Female~~

Age, 55 *Years,* 2 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Locksmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 4 Hill St

Cause of Death, First (Primary), ~~Phthisis Pulmonalis~~

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius C

Date of Burial, April 16

Undertaker, J. H. Hall

Place of Business, 82 West Pratt St *Address,* 151 Hanover St

J C Burch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 90988

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 15 1886 BALTIMORE MD.

Permit No. 90988 *Office of Registrar of Vital Statistics.* **Ward** 2 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, April 13 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Schulthies

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 18 *Days.*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 23 1/2 S Broadway

Cause of Death, First (Primary), Pseudo membranous Croup

Second (Immediate),

Duration of Last Sickness, Two (2) days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, April 15 '86

Undertaker, W. A. Sisson

Place of Business, Health Office *Address,* 101 S Broadway

C. Hall Pullen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 20989 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 15 1886 BALTIMORE, MD.

97

CERTIFICATE OF DEATH.

Date of Death, April 10 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura E Miller

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, Years, 8 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} N. Chiss Hospital

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 12

Undertaker, C. W. Blizzard

Place of Business, 25 Penn

Thos. E. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

90990

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90990 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 13. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Nash

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 281 W. Baltimore St

Cause of Death, First (Primary), Laus Neredetonia

Second (Immediate), Asthenia

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 15th 1886

Undertaker, W. L. Bishop & Co

Place of Business, 97 Druid Hill Ave

J. E. Atkinson M. D.
Medical Attendant.

Address, 19 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 9099 / *Office of Registrar of Vital Statistics.* Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 15 1886 BALTIMORE, MD.

A

CERTIFICATE OF DEATH.

Date of Death, April 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Almira Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* 7 *Days*

Color, Black -

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 122 N Dallas St -

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), " Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 15th 1886

Undertaker, J. J. Locks

Place of Business, 713 Jefferson St *Address,* 238 N Broadway

Wm. L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 90992

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90992 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah T. Dillon

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Co Limerick Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give Street and Number.} 261 Franklin St

Cause of Death, First (Primary), —

Second (Immediate), Congestion Stomach

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, H Peters Cemetery

Date of Burial, April 16

Undertaker, J B Cook

Place of Business, 707 W Baltimore

Sol A Bell M. D.

~~Medical Attendant~~ Coroner

Address, 5c Dept

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ek. No. 90993

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

13

Permit No. 90993 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT APR 16 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herbert Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 135 Gilmor St

Cause of Death. First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 21 days

the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 16

Undertaker Joseph B Cook

Place of Business, 707 W Baltimore *Address,* Smyth & Preedy

L. G. Willson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 90994

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90994 *Office of Registrar of Vital Statistics* Ward 13

HEALTH DEPARTMENT APR 15 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

07

CERTIFICATE OF DEATH.

Date of Death, April 14th '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabel Mather

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Connecticut.

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Frost bite - Septicaemia

Second (Immediate), Exhaustion

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Suffield Conn

Date of Burial, Apr. 14/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St, *Address,* University Hospital

C. W. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special

...day of each week. 90995

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 90995 — *Office of Registrar of Vital Statistics.* 3y

The Physician who attended any person in a last illness is responsible for the [illegible] of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT, APR 15 1886 BALTIMORE

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 14 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Reichenbacher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 20 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City.

~~Duration of Residence in the City of Baltimore~~,

Place of Death, {Give street and number.} S. Ballad 138

Cause of Death. First, (Primary.) 3 Croup.

Second, (Immediate.)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 15th

Undertaker, W. Diffpel

Place of Business, 151 S. Bond St. *Address,*

C H Pitt M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

No. 90996

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90996 *Office of Registrar of Vital Statistics,* Ward 2

HEALTH DEPARTMENT, APR 15 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Meyer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Five years.

Place of Death, {Give Street and Number.} # 352 S. Caroline St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Apl 19

Undertaker, W Dilgard

Place of Business, 167 S Bond

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

90997

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

12

Permit No. 90997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1886 BALTIMORE MD.

8

CERTIFICATE OF DEATH.

Date of Death, April 13. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Griffith.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76. *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery Co. Md.

Duration of Residence in the City of Baltimore, 5 Months.

Place of Death, {Give street and number.} 486 Madison Ave.

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,) Debility.

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Montgomery Co Md. E. H. Bevan M. D.

Medical Attendant.

Date of Burial, April 16th 1886

Undertaker, Stewart & Mowen Address Linden Ave & Lanvale,

Place of Business, 35 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

4467 Forest

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward S. Pfisterer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 288 W. Hoffman St.

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Gastro Enteritis (non-Diarrhoeal)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, April the 16.

Undertaker, Walter Immel

Place of Business, 315 West Biddle St.

Thomas E. Sears, M. D.
Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to ... within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a ... setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of ... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

90999

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 90999 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnzo. S. Shipley.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Atty at Law

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 1138 N Gilmor St

Cause of Death, First (Primary), Heart disease

Second (Immediate),

Duration of Last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 16/86

Undertaker, Chas. T. S'Crivin

Place of Business, 217 N Eutaw

H K Warner M. D.
Medical Attendant.

Address, 280 Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9100

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9100 *Office of Registrar of Vital ~~Statistics~~.* Ward 17

HEALTH DEPARTMENT APR 15 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Parks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* - *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 1 1 -

Place of Death, {Give Street and Number.} 362 W^m St.

Cause of Death, First (Primary), Cerebral Congestion

Second (Immediate), Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Woodberry

Date of Burial, April 15th

Undertaker, B. Hyde

Place of Business, 92 West Pratt

R. H. Ellis M. D.
Medical Attendant.

Address, Greene & Mulberry Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over]

No. 91001

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR. 15 1886 BALTIMORE, MD.

Permit No. 91001 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Gemelich

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* 10 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labourer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty three year

Place of Death, {Give Street and Number.} 44 Pratt S.

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemtry.

Date of Burial, April 15th 1886

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann.

Nicholas L. Bashiell M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

No. 91002

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91002 *Office of Registrar of Vital Statistics.* April 16 1886

HEALTH DEPARTMENT APR 15 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Fleckenstein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 169 Lee St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Suicide by Strychnia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, April 16th 1886

Undertaker, C. H. Seewald

Place of Business, 35 S. Eutaw

Lut. Bell M. D.
Medical ~~Attendant~~.

Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 21003

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21003 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 12, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Gallagher

Sex, Male or Female, {Cross out the word not required in this line} Female

Age, 62 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} No. 27 E. Hudson St

Cause of Death, First (Primary), ...

Second (Immediate), Malarial Fever

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, April 16-86

Undertaker, M. Clark & Son

Place of Business, 92 E. Fayette *Address,* 241 Broadway

D. Scully M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9100 *Office of Registrar of Vital Statistics.* Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Alexander Adams

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, W.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Mariner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give Street and Number.} No 59 Fairmount Avenue

Cause of Death, First (Primary), Consumption & ulceration of throat

Second (Immediate), Asthenia

Duration of Last Sickness, One year. Confined to bed two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 18th 1886

Undertaker, H. Sanders & Son

Place of Business, 252 Canton ave

John L. Lynch M. D.
Medical Attendant.

Address, 18 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 9100[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91005 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 14th 3-5 Am

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Higgins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* — *Months,* 4. *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 20 Constitution St

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 20 Constitution St

Cause of Death, First (Primary), Rubeola.- Catarrhal Pneumonia.

Second (Immediate), Asphyxia.

Duration of Last Sickness, About 2 WEEKS.

All the above information should be furnished by the Physician.

Place of Burial, H Patrick Cem

Date of Burial, April 15 1886

Undertaker, Jas P Byrne

Place of Business, Front St

J B Saunders M. D.
Medical Attendant.

Address, 102 E. Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 91006

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91006 *Office of Registrar of Vital Statistics.* Ward 3rd

HEALTH DEPARTMENT APR 15 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth B. Vaughan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* 3 *Months,* *Days*

Color, Wh

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, Wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 29 Fairmount Ave

Cause of Death, First (Primary), Abscess of Liver

Second (Immediate),

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com

Date of Burial, April 17th

Undertaker, T. Pettham Jr

Place of Business, 253 E. ~~Lombard~~ *Address,* 127 Arlington ave.

J. Harvey Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9107

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9107 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline T. Jordan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 87 *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give Street and Number.} 109 E Fayette St.

Cause of Death, First (Primary), Old age

Second (Immediate), Old age

Duration of Last Sickness, about three days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, April 15th 1886

Undertaker, Henry W. Mears

Place of Business, #22 W. Fayette St *Address,* 138 N. Broadway

Milton N. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9708 *Office of Registrar of Vital Statistics.* Ward 12 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 13-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Edwards

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 months *Years,* ..... *Months,* ..... *Days*

Color, Black

~~*Married*~~, ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Child

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give Street and Number.} No 10 Brewer

Cause of Death, First (Primary), Convulsions Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 16 1886

Undertaker, J. F. Madden

Place of Business, 46 Eastern Ave

Annie L. Alexander M. D.
Medical Attendant.

Address, Cor Eutaw & Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9109 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 14 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Billups

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 Months ~~Years~~, ~~Months~~, ~~Days~~,

Color, Colored

~~*Married, Single, Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Ten months

Place of Death, {Give street and Number.} 1 Iron Alley.

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,)

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, April 15 th

Undertaker, W Blotkamp & S

Place of Business, 25 E. Lombard

W. B. Platt M. D.,
Medical Attendant.

Address, 165 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9101 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 16 1886 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, 13th April 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Plummer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 27 *Years,* ——— *Months.* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 170 Hanover St.

Cause of Death, First (Primary), Scrofula

Second (Immediate), Marasmus —

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 16th 1886

Undertaker, Wm. Weaver

Place of Business, No 202 N. Eutaw St.

H. W. Owings M. D.
Medical Attendant.

Address, 364 William Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9011 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, April 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Sues

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Six *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 116 Shirley St

Cause of Death, First (Primary), Measles

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, April 16 1886

Undertaker, John Herwig

Place of Business, 382 Orleans *Address.*

J. W. Shaw M. D.
Medical Attendant.
Cor Caroline & Eager Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Permit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9101½ *Office of Registrar of Vital Statistics.* **Ward** 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 16 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 15, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Grace Booth

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ~~Years,~~ Eight (8) *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 354 East Fayette Street

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 17. 1886 Wm H. Cleudinen, M. D.

Undertaker, John Herzig. Medical Attendant.

Place of Business, 382 Orleans *Address.* No. 102 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91013 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 16 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Marshall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* ~~Months,~~ ~~Days~~

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

~~*Occupation*~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co, Maryland

Duration of Residence in the City of Baltimore, ~ 12 years ~

Place of Death, {Give Street and Number.} No 113. S. Charles st

Cause of Death, First (Primary), Laryngitis

Second (Immediate),

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, April 17/86

Undertaker, Wm S. Fry

Place of Business, 61 N Broadway

Thomas P. Evans M. D.
Medical Attendant.

Address, 93 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4148 Treasure

No. 9014

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 18

Permit No. 9014 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Kuhn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 19 Washington ave

Cause of Death, First (Primary), Softening of the brain

Second (Immediate), Asthenia

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 16th 1886

Undertaker, Daniel Glynn

Place of Business, 109 West St

Geo R Graham M. D.
Medical Attendant.

Address, 134 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91015 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Sell.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Eight *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No. 264 N. Front Street.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Bronchial Catarrh & Laryngitis

Duration of Last Sickness, About five days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 16 of April

Undertaker, Wm Schmidt & Son

Place of Business, 263 265 Eager St

Rufus A. Elwell, M. D.
Medical Attendant.

Address, 559 Hanford ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Ward 8th

Permit No. 21016 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, 14th April 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Mary Ann Daley.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Thirty five (35) *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} Forty five (45) Harford av.

Cause of Death, First (Primary), Unknown. Sudden.

Second (Immediate), Unknown. Sudden.

Duration of Last Sickness, Some years delicate.

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, April 16th 1886

Undertaker, H. A. Wiedefeld

Place of Business, 90 Greene *Address,* 47 E. Franklin St.

M. C. Hamilton Gibbs M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 91017

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91017 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD. APR 16 1886

CERTIFICATE OF DEATH.

Date of Death, April 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Waters

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} Gibbs Court in rear of No 59 East st

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cem

Date of Burial, April 16th 1886

Undertaker, C S Butler

Place of Business, 132 N Caroline

James A. Stewart M. D.
~~Medical Inspector~~ Pro M.D.

Address, Com. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M M Kewen Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91018 *Office of Registrar of Vital Statistics.* Ward 5-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, April 15 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Clarence Burton

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 20 *Days*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give Street and Number.} 51 East

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, April 16th Cemetery 1886

Undertaker, Wm. H. Dunger

Place of Business, 62 East 81 st

E. 6. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 91019

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 91019 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Caulk

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days,*

Color Col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 292 S. Howard St

Cause of Death, First (Primary), Lobar Pneumonia

Second (Immediate), 5 day

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, April 16th 1886

Undertaker Jane W. Chase

Place of Business, 198 S. Howard st

Geo. K. Gibson M. D.
Medical Attendant.

Address, 1616 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91020 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mellen

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 275 E. Pratt St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 18th, 1886

Undertaker, Denny H. Mitchell

Place of Business, 65 S. Broadway

Nicholas L. Dashiell, M. D. Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9102 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 16 1886 BALTIMORE, MD.

Date of Death, April 14/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Bartholomew

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* 3 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 47 Garrett Ave

Cause of Death, First (Primary), Acute

Second (Immediate), Phthisis

Duration of Last Sickness, 11 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonaventure Cemetery

Date of Burial, April 17th 1886

Undertaker, Dunn & Mitchell

Place of Business, 655 Broadway *Address,* 28 S. Charles St.

J. Mont Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 91022 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1888 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estelle Meyers

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 12 *Years,* 9 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation at School

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Lexington Nelson Co Va

Duration of Residence in the City of Baltimore, Seven months

Place of Death, {Give street and Number.} #534 W Baltimore St

Cause of Death, First (Primary), inflammation of the Brain

Second (Immediate). effusion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St-Congregation Cemetery

Date of Burial, April 16th

Undertaker Evans & Spence

Place of Business, 60 E Baltimore St *Address,* 88 N Eutaw Street

A Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91023 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 16 1886 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, April 15/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eunice Belknap Cate.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* 2 *Months.* 15 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Boston. Mass.

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give Street and Number.} 243 N. Charles St.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Apnoea.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery.

Date of Burial, April 17/86.

Undertaker, Henry W. Jenkins & sons.

Place of Business, Park & Saratoga.

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. & Callow St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91024 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE MD APR 16 1886

Date of Death, April 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Carraway

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 28 South

Cause of Death, First (Primary), Tuberculus Meningitis

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea

Date of Burial, April 17th

Undertaker, John J. Cowan

Place of Business, 89 Watkins st

Chas. F. Mecholen M. D.
Medical Attendant.

Address, 283 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9125 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helene Foecke (Foecke)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} No 50 Parkin ste.

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give Street and Number.} Parkin ste. No 50.

Cause of Death, First (Primary), Teething

Second (Immediate), Spasm

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Apr. 17/86

Undertaker, J. Dee

Place of Business, 183 Colum bia Ave *Address,* 114 Hanover ste.

J. A. Boehm, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91026 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apl 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Connell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland 4

Duration of Residence in the City of Baltimore, 19 Yrs

Place of Death, {Give Street and Number.} 148 Hoover Lane

Cause of Death, First (Primary), Cancer of Stomach

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cem.

Date of Burial, 16th Apl 1886

Undertaker, H. Kirschbaum

Place of Business, City Hall

James A. Steuart M.D.

~~Medical Attendant.~~ Coroner

Address, Com. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

[OVER.]

Stomach

Jno. Frank M.D.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91047 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 13 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paly Jackson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give Street and Number.} 615 Bird

Cause of Death, First (Primary), asthma

Second (Immediate), Exhaustion

Duration of Last Sickness, about 5 years

All the above information should be furnished by the Physician.

Place of Burial, W. O. Cemetery

Date of Burial, April 15 /86

Undertaker, Fred'k A. Kirchner

Place of Business, Health Office

Wm C. Jones M. D.

Coroner Medical Attendant.

Address, 222 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91028 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1886 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, April 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sarah Armstrong

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 65 *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} 233 Lee St

Cause of Death, First (Primary), Cancer of the breast

Second (Immediate),

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Borna Brae

Date of Burial, April 16 1886

Undertaker, C. F. Kramer & Son

Place of Business, 204 Hanover *Address,* 283 N. Limestone

Edwd F. Michler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91029 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 16 1886 BALTIMORE MD

Date of Death, April 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard P. Yates

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Montgomery Co. Md

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give Street and Number.} 377 W Lanvale St

Cause of Death, First (Primary), Edema of the Glottis & Acute Bronchitis

Second (Immediate), Asthenia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 17th 86

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St *Address,*

J. G. Smithson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91030 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said deceased~~, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert H. McGinnis

~~*Sex,* Male or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days*

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 days.

Place of Death, {Give Street and Number.} # 47 S Caroline Street

Cause of Death, First (Primary), Debility

Second (Immediate), Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 16, 1886

Undertaker, H. J. Schaffer.

Place of Business, 5 S. Front St.

David J. Powell M. D.
Medical Attendant.

Address, # 29 Aisquith Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 6103 / *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 16 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, April 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Moore

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 43 years *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore all her life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 81 Saratoga Street

Cause of Death, First (Primary), Ectopic Uterine Pregnancy

Second (Immediate), Marasmus

Duration of Last Sickness, five months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, April 18th 1886

Undertaker, Henry Foerth

Place of Business, 309 Cent. Av. *Address,* 81 Saratoga St

N. F. Caswell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Instructions on the back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91032 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} born Peake

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 72 Courtland St,

Cause of Death, First (Primary), ...

Second (Immediate), General Paralysis

Duration of Last Sickness, about 10 years

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cy

Date of Burial, April 17th 1886

Undertaker, James R Byrne

Place of Business, 63 N. Front St Address, 2 Cathedral St.

H. Tewkesbury M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 91033

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91033 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Marks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 10 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 98 Pennsylvania Ave

Cause of Death, First (Primary), Phthisis

Second (Immediate), Hemorrhage

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Lot 9 St. Synagogue cemetery

Date of Burial, 18th April

Undertaker, B Thrun

Place of Business, 98 Penna Ave *Address,* 146 Hanover St

Thomas Cole M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91034 *Office of Registrar of Vital Statistics.* Ward 7 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Steweiller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, one Years, 8 Months, 19 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 230 N Central Ave

Cause of Death, First (Primary), Pneumonia Bilateral

Second (Immediate), Asphyxia

Duration of Last Sickness, Hours (2) 20 & 6

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 18, 1886

Undertaker, Henry Roach

Place of Business, 339 N Central Ave

E. W. Silver M. D.
Medical Attendant.

Address, Bayview Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91035 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 16. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna R. Perkins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give Street and Number.} 47 N Caroline St

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 18

Undertaker, B. Hartz

Place of Business, 82 West 7th

Thomas Cotter M. D.
Medical Attendant.

Address, 1160 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Medical Questions on the back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91036 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Ap 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie V. Lawrence

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 10 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 3. 10, & 4.

Place of Death, {Give Street and Number.} 128 Battery Ave

Cause of Death, First (Primary), —

Second (Immediate), Diptheria

Duration of Last Sickness, Several Days

All the above information should be furnished by the Physician.

Place of Burial, Western C

Date of Burial, Apl 18

Undertaker, B. Ford

Place of Business, 82 West St

R. C. Lee M. D.
Medical Attendant.

Address, Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 91037 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BIRTH DEPARTMENT, APR 17 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 16/1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher-William Ebenhack

Sex, Male or Female {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 52 N. Eutaw St.

Cause of death, First, (Primary,) Post Rubeolar Bronchitis & Exhaustion

Second, (Immediate,) Cyanotic Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill.

Date of Burial, April 18

Undertaker, S. Hall

Place of Business, 92 West St

Robert W. Mufflin M. D.,
Medical Attendant.

Address, 188 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91038 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 17 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 16 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Anderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 15 Orleans St

Cause of Death, First (Primary), Suicide, Insanity

Second (Immediate), Exhaustion

Duration of Last Sickness, 11 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Hall's Cross Roads Cemetery

Date of Burial, April 18/86

Undertaker, Henry McInnis

Place of Business, No 8 N Central Ave

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 171 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91039 *Office of Registrar of Vital Statistics.* Ward 15-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 17 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Apr. 16th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L Collins

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 1 *Years,* 1 *Months,* 12 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 92 Church St.

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, April 17 1886

Undertaker, Chas. J. Scriven

Place of Business, 241 E Eutaw *Address,* 262 Sharp St

R. Mc. Hall *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 91040

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 15 Apr 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Raul (Rawlins)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* × *Months,* × *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Truck Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ellicotts City Md.

Duration of Residence in the City of Baltimore, 21 yeas

Place of Death, {Give street and number.} 84 St. Mary's St

Cause of Death, {First (Primary,) Phthisis

{Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Apr 17th 1886

Undertaker, Alf Hemsley

Place of Business, 116 Orchard St

Richd Henry Thomas M. D.
Medical Attendant.

Address 207 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

...Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9104 / *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1900 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 16th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward J. McGilley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* *Months.* 1 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Born.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 40 Somerset St.

Cause of Death, First (Primary), Aural Abscess

Second (Immediate), Meningitis

Duration of Last Sickness, a Month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 16th

Undertaker, Geo. Schilling

Place of Business, Ashland Square

W P Morgan M. D.
Medical Attendant.

Address, 119 W. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...[illegible] to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

7th

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 91042

HEALTH DEPARTMENT APR 17 1886 BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

2

CERTIFICATE OF DEATH.

Date of Death, April 16th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Martins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, About 35 *Years,* — *Months,* — *Days.*

1

Color, Colrd

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Charles Co. Md.

Duration of Residence in the City of Baltimore, Do not know

Place of Death, {Give street and number.} 20 Gilbert st.

Cause of Death, {First (Primary,) — Second (Immediate,)} Consumption

Duration of Last Sickness, About five Months

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem

Date of Burial, April 17th 1886

Undertaker, Fred A. Kerchner

Place of Business, Health Office

O. Winter M. D.
Medical Attendant.

Address 219 N Fremont Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 91043

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, APR 17 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Dorbert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Grocerman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give street and number.} No 7. Bradford Alley near Monument St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Hemorrhage

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, April 18th 86

Geo H Backman M.D.,
Medical Attendant.

Undertaker, G. France

Place of Business, Grant & Wolfe Sts. *Address,* 380 E. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 91044 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 17th

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Green

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 115 S. Spring St.

Cause of Death. First (Primary),

Second (Immediate). Acute Miliary Tuberculosis

Duration of Last Sickness. 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial. Govrs County

Date of Burial. April 18th 1886

Undertaker W. H. Dungey

Place of Business,

C. S. Parker M. D.
Medical Attendant.

Address, Balto Univ Med School

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21045 *Office of Registrar of Vital Statistics.* Ward 6

HEALTH DEPARTMENT, APR 17 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Apr. 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Luca

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cuba

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 69 N. Ann St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, About 3 weeks Confined to bed

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 19 1886

Undertaker, W S McHase

Place of Business, 198 Forward St *Address,* 375 E Balto St

E P Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9194 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *immediately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Clark

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, Sixty five years

Place of Death, {Give Street and Number.} 19 Jackson St

Cause of Death, First (Primary), Old age

Second (Immediate), Paralysis

Duration of Last Sickness, About 1 week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 19 1886

Undertaker, W H Eichman

Place of Business, 2340 E Pr

Milton A Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91 1147 *Office of Registrar of Vital Statistics.* Ward 18

HEALTH DEPARTMENT APR 17 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Apl 17, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Wunsch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 68 Fred ave

Cause of Death, First (Primary), Premature birth (8th month)

Second (Immediate), ...

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemy

Date of Burial, April 18/86

Undertaker, John P Pauls

Place of Business, Fred ave *Address,* 319 Hollins av

James Bailey *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91048 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

APR 19 1886 BALTIMORE

Date of Death, April 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E. Smith Elias John

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* 8 *Months,* *Days*

Color, Colored

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give Street and Number.} Nr 18 Jordan Alley

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 18/86

Undertaker, Chas F. Scriven

Place of Business, 21 N Eutaw

Sam'l T. Earle M. D.
Medical Attendant.

Address, 317 Linden Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91049 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 18 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17 - 1886 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Whiting -

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* ... *Months.* ... *Days*

Color, Black -

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore -

Duration of Residence in the City of Baltimore, Lifetime -

Place of Death, {Give Street and Number.} 307 S. Eutaw St

Cause of Death, First (Primary), Pneumonia —

Second (Immediate), ...

Duration of Last Sickness, about 8 days —

All the above information should be furnished by the Physician.

Place of Burial, Mark St Cem

Date of Burial, Apr 19th 1886

Undertaker, Wm Knauss

Place of Business, 46 Orchard

J. W. White *M. D.*
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

of this Certificate.

Health Department, City of Baltimore.

Permit No. 91050 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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HEALTH DEPARTMENT APR 19 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles albert Billmyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 38 *Years,* —— *Months,* 25 *Days*

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Paper Hanger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll County Maryland

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give Street and Number.} 519 Saratoga st

Cause of Death, First (Primary), Consumption

Second (Immediate), asthenia

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 19th

Undertaker, S. S. Thacker

Place of Business, 150 Camden st *Address,* 47 Edmondson ave

Jas. A. Gibbons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ist of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9705/ *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 19 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edda Clarence Radd[illegible] (Reynolds)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, Days

Color, Colour

~~*Married*~~, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 33 Bruce st

Cause of Death, First (Primary), Suddenly Of

Second (Immediate), Convulsions

Duration of Last Sickness, about 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, Apr 18 1886

Undertaker, William N Durgin

Place of Business, 62 East st

W. A. Jones M. D.

Coroner ~~Medical Attendant.~~

Address, 322 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91052 *Office of Registrar of Vital Statistics.* Ward 7-2

HEALTH DEPARTMENT APR 19 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 19 — 86 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie V Stonebraker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days*

Color, Wht.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 mos.

Place of Death, {Give Street and Number.} No. 246 N. Central Ave.

Cause of Death, First (Primary), Lobular Pneumonitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, April 22nd 1886

Undertaker, Henry Hoeck

Place of Business, 309 N Central Ave Address, No. 43 N. Calvert St.

Alexander Hill, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible].

Health Department, City of Baltimore.

Permit No. 91053 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Columbia Upshur

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, NV

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Georgetown DC

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give Street and Number.} 29 Leadenhall

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Georgetown D. C.

Date of Burial, April 20th 1886

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga Address, 23 Franklin

J. H. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91057 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 19 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Apr. 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sister Pauline

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Alsace, Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} Inst. Little Sisters of the Poor

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, New Catholic Cemetery

Date of Burial, April 21/86

Undertaker, Mrs McKamp

Place of Business, W. Fayette

Jno. Burke Bur G M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91055 *Office of Registrar of Vital Statistics.* Ward 4

HEALTH DEPARTMENT APR 19 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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CERTIFICATE OF DEATH.

Date of Death, April 19 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William C. Feldbraud

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 52 E Pratt St.

Cause of Death, First (Primary), Cerebro Spinal Meningitis

Second (Immediate),

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Apr. 27.

Undertaker, D. Bassing.

Place of Business, Orleans St. *Address,* 1 So. Exeter St.

J. H. Moyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 91056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th at 9 o'clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert W. Winpsett

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 71 *Years,* 7 *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St. Mary's Co Md.

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, {Give street and number} 223 South Paca St Balt. Md.

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,) —

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Apl 9/86

C. C. Richardson M. D.
Medical Attendant.

Undertaker, Wm. J. Tuckner

Place of Business, 65 E Eutaw St Address, Lombard & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91057 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Apl. 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Shuttle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 134 E. Biddle

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, April 17, 1886

Undertaker, Henry McGinnis

Place of Business, 18 N. Central Ave. *Address.*

Thos Buchanan Bay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 91058 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

APR 19 1886

BALTIMORE MD.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Apl 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Stella Watkins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 7 Months, 7 Days,

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 375 McDonough st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 375 McDonough st

Cause of Death, First, (Primary,) Congestion of the Lungs

Second, (Immediate,)

Duration of Last Sickness, One day

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 20

Undertaker, Geo Shilling

Place of Business, Ashland Ave

W D Booker M. D.,
Medical Attendant.

Address, 157 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 9057 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Edgar James

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* 8 *Days*

Color, Ed

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Nr 20 N Dallas n—

Cause of Death, First (Primary), Ant. Pneumonia

Second (Immediate), Chronic "

Duration of Last Sickness, 9 months—

All the above information should be furnished by the Physician.

Place of Burial, Osborn Cemetery

Date of Burial, April 19 1886

Undertaker, William Dorsey

Place of Business, 62 East St

Wm. E. Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91060 *Office of Registrar of Vital Statistics.* Ward 6-7

HEALTH DEPARTMENT APR 21 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, April 18th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Savilla Mooney

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 9 Little McElderry

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 4 Pk April 19th 4 P M

Undertaker, Mer Heckmann

Place of Business, N. Gay St Address, 137

J. O. Gross M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 9106 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} a Rebecca Burns
Burns

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* 6 *Months.* *Days*

Color, White

Married, Single, Widow ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give Street and Number.} 554 W Fayette St

Cause of Death, First (Primary), Intussusception

Second (Immediate),

Duration of Last Sickness, about 3 week

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 20/86

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette.

Robt K Kneas M. D.
Medical Attendant.

Address, 554 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

12

Permit No. 9106'2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT APR 19 1886 BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James A. Maynard.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married.

Occupation, Leather Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 167 Lanvale st

Cause of Death, First (Primary,) Cerebral (Apoplexy.) Effusion —

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 19/86

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette

L. F. Brown, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91063 *Office of Registrar of Vital Statistics.* Ward 19th

HEALTH DEPARTMENT APR 19 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 19, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nannie Nicodemus

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 17 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Berlin.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 50 N Calhoun St

Cause of Death, First (Primary), Cyanosis

Second (Immediate),

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Wiederwax Cem

Date of Burial, Apr 19th 1886

Undertaker, D Emmy & Brothers

Place of Business, 530 W Fayette St

Jno F Winbourne M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9106 *Office of Registrar of Vital Statistics.* Ward 3

HEALTH DEPARTMENT APR 20 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. J. Edelman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 19 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} No. 10 North Carolina Av.

Cause of Death, First (Primary), Acute Capillary Bronchitis

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, April 20th 1886.

Undertaker, Peter Frey

Place of Business, 91 Eden Av

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91065 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 19 1886 BALTIMORE MD.

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CERTIFICATE OF DEATH.

Date of Death, April 18, 1886 (3.45 P.M.)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lentz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 54 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Fracture of Skull × Meningeal Hemorrhage from fr

Second (Immediate), Compression of Brain —

Duration of Last Sickness, Two Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Centen

Date of Burial, April 20

Undertaker, B Hardie

Place of Business, West St 82

Harry Friedenwald M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91066 *Office of Registrar of Vital Statistics.* April 18 86

HEALTH DEPARTMENT APR 19 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, April 18. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Bodenwick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* 11 *Months,* 8 *Days.*

Color, White.

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Miller

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 57 Yrs.

Place of Death, {Give Street and Number.} 34 Payson St.

Cause of Death, First (Primary), old age.

Second (Immediate), Paralysis 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Apr. 20/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. *Address,* 837 W. Pratt St.

C. R. Wilson *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9107 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1886 BALTIMORE MD.

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CERTIFICATE OF DEATH.

Date of Death, April 17th "86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Benton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Queens Annis Co. Md

Duration of Residence in the City of Baltimore, Four days

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Hepatic Abscess

Second (Immediate), Exhaustion

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Kent Island Md

Date of Burial, Apr. 19/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21068 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Trimmel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* 1 *Months,* 2 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during his life

Place of Death, {Give Street and Number.} 198 So Eutaw St

Cause of Death, First (Primary), Dropsy Nephritis

Second (Immediate), Heart Hypertrophy

Duration of Last Sickness, 3 or 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 20th 1886

Undertaker, Ernest Schlosman

Place of Business, 181 Sharp St. *Address,* 143 So Eutaw St

Carl Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 91069 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. APR 19 1886

CERTIFICATE OF DEATH.

Date of Death, April 17. 86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Wagner

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 86 N. Chapel

Cause of Death, First (Primary), Progressive paralysis Insanity.

Second (Immediate), Oedema pulmonum Paralysis cordis

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius Cem.

Date of Burial, April 20th 86

Undertaker, G. Frances

Place of Business, 9 Paca & Wolfe Address, 248 E. Baltimore St.

J. Mathews M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91079 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Funk.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* 2 *Months,* — *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give Street and Number.} 18 North West St.

Cause of Death, First (Primary), Carcinoma

Second (Immediate), Ventricular

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, April 20th 86

Undertaker, G. France

Place of Business, 61 Park & Wolfe Sts Address, Broadway & Park

Jno C Runyan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21071 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT APR 19 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ottie Seifert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* *Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 405 Eutaw st

Cause of Death, First (Primary), Spasms

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cem.

Date of Burial, April 19 86

Undertaker, G. Franck

Place of Business, Bank & Wolfe *Address,* Lib

D. Buck M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9107 *Office of Registrar of Vital Statistics.* Ward 22d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Stella Baynard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~~~ *Years,* 4 *Months,* ~~~~ *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ~~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 162 S. Dallas Street

Cause of Death, First (Primary), Pertussis

Second (Immediate), Measles

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, April 20th 1886

Undertaker, Robin & Grace

Place of Business, Caroline Street

James A Means M. D.

~~Medical Attendant~~

Address, Com. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Information obtained from father of child — JAS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 11073 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Bailey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1293 E. Lombard St

Cause of Death, First (Primary), Hemorrhage from the Uterus

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 20

Undertaker, M. J. Corcoran Co

Place of Business, 160 W. Calvert St

Address, [illegible]

[signature] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to rule of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21074 *Office of Registrar of Vital Statistics.* Ward 1 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 21 1886. BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Marshall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 66 *Years,* — *Months,* — *Days*

Color, W

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 238 South St.

Cause of Death, First (Primary), Phthisis Pul.

Second (Immediate), Asthenia

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 22d 1886

Undertaker, M. Celeste & Son

Place of Business, 92 S. Ann

C. B. Burton M. D.
Medical Attendant.

Address, 51 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 11075 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Maguire

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pa.

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give Street and Number.} 125 S. Castle St.

Cause of Death, First (Primary), Enteritis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 21st 86

Undertaker, M. Clark & Son

Place of Business, 32 Do

D. D. Hoffman M. D.
Medical Attendant.

Address, 346 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9076 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emanuel Schinman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days*

Color, white

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, Thru year -

Place of Death, {Give Street and Number.} 145 Aisquith St.

Cause of Death, First (Primary), Diphtheritic -

Second (Immediate), Syncope

Duration of Last Sickness, Three weeks -

All the above information should be furnished by the Physician.

Place of Burial, Russian H Cemetery

Date of Burial, April 19

Undertaker, L Ahrens

Place of Business, 28 Eight St

Irving Miller M. D.
Medical Attendant.

Address, 192 Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to Date of Death on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9107 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 19 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Sud Breuil

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} Cemetery Land

Cause of Death, First (Primary), Mitral Regurgitation

Second (Immediate), Dropsy

Duration of Last Sickness, About one day Epileptic

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 21st of April

Undertaker, Henry Seipman

Place of Business, 63 N. Eden St. *Address,* Corner Eaton & Carlisle Sts.

Sev. Schurr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.. [over.]

Health Department, City of Baltimore.

Permit No. 91078 *Office of Registrar of Vital Statistics.* Ward 15

HEALTH DEPARTMENT APR 19 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, April 18 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Snook

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* 7 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give Street and Number.} 163 Montgomery St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, April 21/86

Undertaker, Chas Chas

Place of Business, 263 Light

R. H. Ellis M. D.
Medical Attendant.

Address, Fremont & Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91079 *Office of Registrar of Vital Statistics.* Ward 15

HEALTH DEPARTMENT APR 19 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April, 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Craig

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* , 8 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 6 Years.

Place of Death, {Give Street and Number.} 26 Hill St.

Cause of Death, First (Primary),

Second (Immediate), Carcinoma of Stomach,

Duration of Last Sickness, About 10 months

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co

Date of Burial, April 21/86

Undertaker, [illegible]

Place of Business, 263 Hill St

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91980 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, DEC 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 17 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Shannon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 4 *Months,* *Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk in Store

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give Street and Number.} 5525 Charles St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C.

Date of Burial, Dec 20

Undertaker, B. Hall & Co

Place of Business, 42 West St

Oct. Cooke M. D.
Medical Attendant.

Address, 110 Fort Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91081 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1896 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 18 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margt. Hekathorn

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} W

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick City Md

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 20 Gilmanton

Cause of Death, First (Primary), General Debility Consequent upon old age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, April 20

Undertaker, B. Hart

Place of Business, 82 West St

E. A. Cook M. D.
Medical Attendant.

Address, 1107 Orleans

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91082 *Office of Registrar of Vital ~~Statistics~~* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 27 1886 BALTIMORE, MD.

CERTIFICATE OF ~~DEATH~~

Date of Death, April 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma R Welker

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single~~ Widow ~~Widower~~, {Cross out the words not required in this line.} √

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 40 yrs

Place of Death, {Give Street and Number.} Fulton Ave ~~Druid Hill Road~~

Cause of Death, First (Primary), Valvular Disease of the Heart

Second (Immediate) Died Suddenly from

Duration of Last Sickness, 4 hours on her way to the Cemetery

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, April 26

Undertaker, J. Ward

Place of Business, 82 West St

D K Trimble M. D.
Medical Attendant.

Address, 185 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91083 *Office of Registrar of Vital Statistics* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Lewis Reagan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 87 Elizabeth Lane

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, Few Hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, April 20

Undertaker, B. Hall

Place of Business, 82 West St

Ort. Cooke M. D.
Medical Attendant.

Address, 110 Fort Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 91084 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J Swan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 8 *Months.* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 311 East Aisquith

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, April 20

Undertaker, B Hall

Place of Business, 82 West St

F E Tiles M. D.
Medical Attendant.

Address, 195 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91085 *Office of Registrar of Vital Statistics.* Ward 20

HEALTH DEPARTMENT
APR 20 1886
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5 30 P. M. April 18. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Moore

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* 6 *Months,* *Days*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Maryland

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give Street and Number.} 102 Chestnut Alley

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 20 1886

Undertaker, E. J. Lorsch

Place of Business, 178 Jefferson *Address,* 330 Penna ave

Geo. E. Shannon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 1. *Be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9108 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 19 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Woolford

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* / *Months.* 8 *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 47 Fort Ave

Cause of Death, First (Primary), Erysipelas

Second (Immediate), Gen Debility

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Orchester Co

Date of Burial, April 20th 1886

Undertaker, Amos Owings

Place of Business, 463 Light

H Boyle M. D.
Medical Attendant.

Address, 58 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 91087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rose Carlton

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 3 *Months,* ~~—~~ *Days.*

Color, Colored

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,) about a week

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 20th 86

Undertaker, Geo. Rinehart

Place of Business, Health Office

Thos. F. Vance M.D.
Medical Attendant.

Address 127 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health Department, City of Baltimore.

Permit No. 9088 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 17 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary S Bandel

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 363 Linden Ave

Cause of Death, First (Primary), Pregnancy Placent Previa

Second (Immediate), Exhaustion Hemorrhage

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery

Date of Burial, April 20/86

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette

C B Gamble M. D.
Medical Attendant.

Address, E 9 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 91189 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 21 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1886.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alfred Green

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 67 *Years,* — *Months,* — *Days,*

Color, Colored.

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married.

Occupation, Laborer.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } Cor Division & Holliday Sts.

Cause of Death, First, (Primary,) Rheumatism.

Second, (Immediate,) Transferred to General debility,

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mark St Cem

Date of Burial, April 23rd 1886

Undertaker, Alex. Hunsley

Place of Business, 116 Orchard St

William E. Wiegand M. D., Medical Attendant.

Address, 343 Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 91090

Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 18 — 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Praeger

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days*

Color, Wht.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltn. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} W. Md. R.R. Depot

Cause of Death, First (Primary), Cerebral Laceration caused by a

Second (Immediate), Co. Comminuted frac. of skull the result of a fall from bridge no. 2 W. Md. R.R.

Duration of Last Sickness, ½ hour

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 21/86

Undertaker, Denny & Mitchell

Place of Business, 530 N Fayette

Alex Hill, M. D.
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9091 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 20 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph C. Scoggins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~ *Years,* Ten (10) *Months,* Three (3) *Days.* ✓

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 47 South Broadway

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 21 86

Undertaker, Wm E Ing

Place of Business, 87 S Broadway *Address,* 47 S Broadway

Wm R. Clendinen, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...spection of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91092 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 21 1896 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 18 April 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James F. Mulligan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prince George, co. Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 42 S. Calhoun

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate),

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Apr 21/96

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 594 W. Fayette st

John Hood, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91098 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1886 BALTIMORE, MD.

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CERTIFICATE OF DEATH.

Date of Death, April 19th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James McCarney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — 4 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St. Vincents Asylum

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Apr. 21/86

Undertaker, J. B. Cook

Place of Business, 707 E. Balto St. *Address,* 404 Druid Hill Ave

Frank J. Flannery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91094 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie McCloskey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 23 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 130 Conway St

Cause of Death, First (Primary), Pneumonia Throat

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, About 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 20 1886

Undertaker, M. Doyle

Place of Business, 208 Charles St

Dr. Geo Bell M. D.
Medical Attendant.

Address, 116 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the [o]
and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91095 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 20 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, April 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John William Randolph Bassett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give Street and Number.} 513 Hill St.

Cause of Death, First (Primary), Meningitis

Second (Immediate), Apnea

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, April 21

Undertaker, M Doyle

Place of Business, 1008 Charles St

R. H. P. Earle M. D.
Medical Attendant.

Address, Home & Mulberry Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91096 *Office of Registrar of Vital Statistics* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 17/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Year,* 1 *Months,* 9 *Days* —

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Rubeola

Second (Immediate), Broncho-Pneumonia.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathl. Burial

Date of Burial, April 20, 1886

Undertaker, Hammond Lake

Place of Business, Division St. *Address,* Baltimore, Md.

R. H. Goldsmith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9107 *Office of Registrar of Vital Statistics.* Ward 3-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four houre* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, April 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* / *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 2 Forest St

Cause of Death, First (Primary), Spasms

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Lemmel Cemetery

Date of Burial, April 20th 86

Undertaker, W. N. Hargrave

Place of Business, East St

James A Clemens M. D.

~~Medical Attendant~~

Address, Cumps + St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

J. C. Fitzpatrick Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91098 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William E. Winston

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* ..... *Months,* ..... *Days*

Color, Dark.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Coachman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 months.

Place of Death, {Give Street and Number.} 14 Division St.

Cause of Death, First (Primary), Nephritis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 20 - 1886

Undertaker, W. W. Madden

Place of Business, 76 East St

J. Bann Parlett M. D. Medical Attendant.

Address, B. E. Q.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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Permit No. 91099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 19 86

Full Names of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Jones

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 36 *Years,* ——— *Months,* ——— *Days.*

Color, Col'd

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Calvert Co

Duration of Residence in the City of Baltimore, about 25 yrs

Place of Death, { Give street and number } Baltimore, to # Flat iron alley

Cause of Death { First, (Primary,) Valvular dilease of heart
Second, (Immediate,)

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery

Date of Burial, April 21 1886

Undertaker, Wilson & Lynch

Place of Business, 62 East Lt

S. H. Martin M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91100 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 20 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday April 19th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Coats

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} —

Age, ... *Years,* 8 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, ... V

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Butler City Md

Duration of Residence in the City of Baltimore Lifetime

Place of Death, {Give Street and Number.} Rockhorn alley

Cause of Death, First (Primary), ...

Second (Immediate), Marasmus

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 21 86

Undertaker, Whitmore Lingee

Place of Business, 62 East St

J. D. Harris M. D.
Medical Attendant.

Address, 558 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...publication of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91101 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 22 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

B

Date of Death, April 19. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lew Hackett.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 139 York St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Anemia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, April 21 1886

Undertaker, Hercules Rose

Place of Business, 95 Eastern Ave Address, 177 Stapleton St

Co. Booze M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21104 — *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 20 1886, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie Barnes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days*

Color, Blk

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 23 Yrs

Place of Death, {Give Street and Number.} 97 Church St

Cause of Death, First (Primary), Premature labor

Second (Immediate), Peritonitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Calvert County MD

Date of Burial, April 21 1886

Undertaker, Hercules Ross

Place of Business, 95 Conway S.S. *Address,* Penn & Mulberry

R W & P Elliott M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4155 Lansdale

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91103 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, April 19. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie S. Clifford.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 10 *Months,* 5 *Days*

Color, White-

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.} /

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, one year-

Place of Death, {Give Street and Number.} 46 Penn St-

Cause of Death, First (Primary), Phthisis Pulmonalis-

Second (Immediate), Exhaustion-

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Elk Ridge Landing

Date of Burial, April 21st 1886

Undertaker, John S. Mackey

Place of Business, No 150 Canton Address, 202 W. Lombard

A. Sloan M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 91104 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Spafford.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Builder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, Sixty Years

Place of Death, {Give Street and Number.} 250 E. Baltimore City

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis 2 years

Duration of Last Sickness, Twelve Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, April 21st 1886

Undertaker, M. V. Dawson Adm

Place of Business, 74 S. Bway,

Nicholas L. Ballard M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...positively limited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21105 *Office of Registrar of Vital Statistics.* Ward 12 of 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 20th/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melvin Collins

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* Two *Months.* 0 *Days*

Color, Light Copper

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Two years & 2 months

Place of Death, {Give Street and Number.} No 41 Oxford st

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Consumption

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Apr 21st 1886

Undertaker, Alex. Hemsley

Place of Business, 116 Orchard *Address,* cor Mulberry & Green

Benj F Bohrer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 21106 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1886,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} an infant not named child of Clara M. & John R. Klinefelter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months.* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth (30 hrs)

Place of Death, {Give Street and Number.} 154 N. Schroeder St

Cause of Death, First (Primary), Miscarriage

Second (Immediate), want of development

Duration of Last Sickness, 30 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Apr. 21st 86.

Undertaker, F. Louis Schaefer

Place of Business, 109 N. Fremont St. *Address,* 23 Edmondson Ave

H. F. Hill M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9107 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

CERTIFICATE OF DEATH.

Date of Death, April 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hogan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 13 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 82 S. Appleton

Cause of Death, First (Primary), Bronchial Catarrh

Second (Immediate),

Duration of Last Sickness, Sickly from birth

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, April 21 st 1886

Undertaker, Geo. B. Cook

Place of Business, No 707 W Balto

Edw J Mitchell M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 91108 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sighe

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Housekeepe

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 644 W Pratt st

Cause of Death, First (Primary), Typhois Pneumonia 6 years ago

Second (Immediate), Phthisis Pulmonalis, with Cachexia

Duration of Last Sickness, Continually within past 6 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, April 21st 1886

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore St

A H Sayton M. D.
Medical Attendant.

Address, 543 Seymour St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21109 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

Date of Death, April 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus H. Coltman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Physician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Mass

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give Street and Number.} Church Home, Infirmary

Cause of Death, First (Primary), Gall Stones

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 22. 1886

Undertaker, H. & Dagen Mfg

Place of Business, 74 S. Bway

[illegible] M. D.
Medical Attendant.

Address, Church Home, Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 21110 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT APR 21 1886 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

CERTIFICATE OF DEATH.

Date of Death, Apr 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Frederick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, {Give Street and Number.} Inst: Little Sisters of Poor

Cause of Death, First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, While Eating his dinner

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 21 1886

Undertaker, Wm. Bladecamp Jr.

Place of Business, E. Lombard St

Thos Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 91111 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza. A. Johnson

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 4 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Catonsville

Duration of Residence in the City of Baltimore, Since Nov 5th 1885

Place of Death, {Give Street and Number.} 44 Stockton ally.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Catonsville Md

Date of Burial, April 21st 1886

Undertaker, Wm. P. Lungee

Place of Business, 62 East, st

Inman F Hiss M. D.
Medical Attendant.

Address, 17 N. Calhoun st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 21112 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE DEPARTMENT APR 21 1886 BALTIMORE MD.

74

CERTIFICATE OF DEATH.

Date of Death, April 20th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Jane Foy.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, none.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harrisburg, Pa. —

Duration of Residence in the City of Baltimore, Seven years. —

Place of Death, {Give Street and Number.} Union Protestant Infirmary

Cause of Death, First (Primary), Ovarian Tumor. —

Second (Immediate), Exhaustion after Operation,

Duration of Last Sickness, Six hours. —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 21

Undertaker, Wm J Schaffer

Place of Business, 5 S Front St *Address,*

Henry Stuart M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore.

Permit No. 91113 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT APR 21 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva. Mary Chambers

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 31 *Years,* 5 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Toledo Life

Duration of Residence in the City of Baltimore

Place of Death, {Give street and Number.} #126 Johnson av

Cause of Death. First (Primary). Labor

Second (Immediate). Endo Peritis

Duration of Last Sickness, 16 day

the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, April 22 1886

Undertaker Armstrong

Place of Business, 263 Light

Geo. H. Parsons M.D.
Medical Attendant.

Address, 144 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 9114 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 22 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles L. Gantt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, —— *Years,* 3 *Months,* —— *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and Number. } 41 Walnut Ave

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Suffocated (Croup with its Mother)

Duration of Last Sickness, ——

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 24 1886

Undertaker, Henry Ross

Place of Business, ——

Jno. A. Gillis M. D.,
Medical Attendant.

Address, 180 W Biddle

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 21115 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 19 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Silas Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 320 Montgmery

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Harris t Cemetery

Date of Burial, April 21 1886

Undertaker, Hercules Ross

Place of Business, 95 Cen Mkt St *Address,* 177 Chas St.

Chas. L. Booze M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba

Health Department, City of Baltimore.

Permit No. 9116 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT APR 23 1886 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 21, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Ahrens

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 642 South Street

Cause of Death, First (Primary), Metritis & Typhoid Character

Second (Immediate), following Confinement

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Apr 23/86

Undertaker, J. B. Cook

Place of Business, 709 W. Balto St Address, 306 N. Gay St

C. W. Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the ~~Vital~~ Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9117 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Gertrude Kirby

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 7 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} S. Wolf st above Biddle

Cause of Death, First (Primary), Measles

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bell's cemetery

Date of Burial, April 22 1886

Undertaker, John W Jackson

Place of Business, Guy & Caroline sts

D W Cathell M. D.
Medical Attendant.

Address, 2 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on the

Health Department, City of Baltimore.

Permit No. 9118 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT APR 23 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 20th April 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Gaidley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* 10 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} #52 Hanover St

Cause of Death, First (Primary), Ruptured, causing Structural change of the Second (Immediate), Peritonitis - Consecutive upon cancer of Intestines

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 23d 1886

Undertaker, Henry W. Mears

Place of Business, #22 W. Fayette St *Address,* 110 Hanover St

H. H. Hodge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 91119 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Conklin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, One *Years,* Five *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Child

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 17 months

Place of Death, {Give Street and Number.} No 30 Chew Street

Cause of Death, {First (Primary), Pneumonia

Second (Immediate), Eclampsia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 22. 1886

Undertaker, John Kennedy *Medical Attendant.* John A. Pickel M. D.

Place of Business, 382 Orleans St *Address,* 256 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9120 *Office of Registrar of Vital Statistics,* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 20th (late at night) 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Magdalina Hahn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 141 E Lombard St

Cause of Death, First (Primary),

Second (Immediate), Measles — Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery Sour Lane

Date of Burial, April 22nd 1886

Undertaker, Conner & Spence

Place of Business, Cor E Balto St, *Address,* 122 E Balto St

J. Ridgway Dulee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9112 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Rosch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 147 S. Dallas St

Cause of Death, First (Primary), Convulsions (Internal)

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Apr. 22nd 86

Undertaker, G. Frank

Place of Business, Frank & Wolfe *Address,* 243 Aliceanna St

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 9142 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 21 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 21 april 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 17 *Months,* — *Days*

Color, white

Married, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 24 S. Wolfe St.

Cause of Death, First (Primary), Acute Laryngitis with Capillary Bronchitis

Second (Immediate), Cardiac Failure

Duration of Last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Apr 22nd 86

Undertaker, G. Franc

Place of Business, Bonds & Wolfe Sts *Address,* 314 E Balto St.

B.F. Lemard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 9143 *Office of Registrar of Vital Statistics.* Ward 1 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 21 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Golfer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 16 Hoff & Courtney

Cause of Death, First (Primary),

Second (Immediate), Peritonitis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Gt Alphonsus Conv

Date of Burial, April 22 1886

Undertaker, G. France

Place of Business, Bank & Wolff *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9112c *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 21 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Bolton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* one hour *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} No 244 Eastern Ave

Cause of Death, First (Primary), ...

Second (Immediate), Premature Birth

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Adhelmus Conn

Date of Burial, April 22 1886

Undertaker, J G France

Place of Business, Bank & Wolf *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9125 *Office of Registrar of Vital Statistics.* Ward 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 21. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida. E. Montgomery

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* 15 *Days*

Color, White

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 45 Penna Ave

Cause of Death, First (Primary), Scalded

Second (Immediate), Shock

Duration of Last Sickness, one night

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 22 the

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave *Address,* 172 Franklin

Geo A. Fleming M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall dio in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 22 1886 BALTIMORE MD.

Permit No. 91126 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 22d 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Mordi.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* , *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give Street and Number.} 124 Henrietta St.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Tuberculosis.

Duration of Last Sickness, 9 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, April 25

Undertaker, Henry Boile

Place of Business, Henry Boile

Dr. J. H. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9112 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 21. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Clark

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 21. *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 5 Marney st

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia Chronic

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, April 23d 1886

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 1469 Eutaw

Sherwood Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91128 *Office of Registrar of Vital Statistics.* Ward 10

REGISTERED DEATH
APR 22 1886
HEALTH DEPT.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, April 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Verna Reamey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 0 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 486 Saratoga st

Cause of Death, First (Primary), Measles

Second (Immediate), Convulsions

Duration of Last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 23d 1886

Undertaker, F. Lewis Schafer

Place of Business, 109 N Fremont

H. Rowe Knox M. D.
Medical Attendant.

Address, 582 N. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...respectively written to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9149 *Office of Registrar of Vital Statistics.* Ward 15-9

HEALTH DEPARTMENT
APR 22 1886
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry A. White

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 7 *Months,* 2 1 *Days*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 168 York St.

Cause of Death, First (Primary), Post Pharyngeal abscess.

Second (Immediate), Exhaustion

Duration of Last Sickness, Seven weeks.

All the above information should be furnished by the Physician.

Place of Burial, Shark St. Cem.

Date of Burial, April 22nd 86

Undertaker, Geo Perkins

Place of Business, 221 Hanover St

Spencer H Gill M. D. Medical Attendant.

Address, 460 Eutaw Place.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91130 *Office of Registrar of Vital Statistics.* Ward 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 28 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther A. Garnett.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cecil County Md.

Duration of Residence in the City of Baltimore, about 8 years

Place of Death, {Give Street and Number.} 18 Lee St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, about 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Cecil Co. Md

Date of Burial, April 23/86

Undertaker, H. Roks

Place of Business, Conway St. *Address,* Southern Dispensary

Julius Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91131 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 188

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Chilcoat

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* one *Days* 1

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 172 W Stayton St

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 172 Stayton St

Cause of Death, First (Primary), Premature birth

Second (Immediate), Want of vital force

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, April 22nd 86

Undertaker, B Harle

Place of Business, West St

W T Cox M. D.
Medical Attendant.

Address, 185 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 91132 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 22 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Sharnberg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No 153 Burgundy

Cause of Death, First (Primary), Pneumonia Double

Second (Immediate), Asphyxia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Hill

Date of Burial, April 22

Undertaker, B. Mahon

Place of Business, 82 West St. *Address,* 166 S. Broadway

C. L. Buddenbohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91133 *Office of Registrar of Vital Statistics.* Ward 19 E 4

HEALTH DEPARTMENT APR 20 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 20 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Nicodemus

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 9 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti City.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 50 N Calhoun St

Cause of Death, First (Primary), Parturition

Second (Immediate), Puerperal fever.

Duration of Last Sickness, 27 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 22 nd 1886

Undertaker, H Emry & Mitchell

Place of Business, 580 W Fayette *Address,* 582 W Fayette St

G. G. [illegible] Physician M. D.
Medical Attendants.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9113 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 22 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Bergen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* *Months,* *Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Stone Mason

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} No 522 Canton Ave

Cause of Death, First (Primary), Cramps

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Trinity St. cem

Date of Burial, April 22d 1886

Undertaker, W. Sander & Son

Place of Business, 252 Canton ave *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21135 *Office of Registrar of Vital Statistics* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 22 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 21—86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Fox

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give Street and Number.} 9 ~~XH~~ Second

Cause of Death, First (Primary), Dis. Heart

Second (Immediate), Pulmonary Congestion

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Vincent

Date of Burial, April 22 or 1886

Undertaker, Henry W. Breas

Place of Business, 22 W Fayette

F. Gilmore M. D.
Medical Attendant.

Address, 10 So. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91136 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 22 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1886 (Instt)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances M. Pruitt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, Eighteen Months

Place of Death, {Give Street and Number.} 447 Druid Hill Ave.

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, About 2 hours.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, April 22nd, 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park Ave *Address,* 97 N. Charles St

Thomas Shearer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 9137 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, April 20th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward V. Fallon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* *Days*

Color,

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore md Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 64 Greenmount ave

Cause of Death, First (Primary), measles.

Second (Immediate), Congestion of Lungs 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 22d

Undertaker, H. C. Wiedefeld

Place of Business, 100 Greenmount Ave

Chas M. Hunter M. D.
Medical Attendant.

Address, 86 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21138 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT
APR 22 1886
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Life -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, April 23 1886

Undertaker, Hammond Lake

Place of Business, Division St

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. & Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9139 *Office of Registrar of Vital Statistics,* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 22 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

D

Date of Death, April 21st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Stewart.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

Age, — *Years,* Three *Months.* — *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 8 Hamilton St

Cause of Death, First (Primary), not known

Second (Immediate), Marasmus

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Apr 22 1886

Undertaker, Alex Hensley

Place of Business, 116 Orchard

Edward E. Mackenzie M. D.
Medical Attendant.

Address, 69 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 91140 *Office of Registrar of Vital Statistics.* Ward 11 11/7

HEALTH DEPARTMENT
APR 22 1886
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If infant not named, give names of parents.} William Simpson

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, Mulatto

Married, Single, ~~Widow~~ or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 14 St Marys Shut-

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 22 1886

Undertaker S Wehase

Place of Business, 198 Howard

C Marin Dodson M.D.
Medical Attendant.

Address, 192 Lindon Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9141 *Office of Registrar of Vital Statistics,* Ward 15th

HEALTH DEPARTMENT, APR 22 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Madden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 24 Hair St

Cause of Death, First (Primary), Cap. Hay Bronchitis

Second (Immediate),

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 22th 1886

E Jr Lemmon M. D.

Medical Attendant.

Undertaker, Chas T Scriven

Place of Business, 2708 Eutaw St *Address,* 708 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 91142 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 22 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 22 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Jacobs

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 22 Harrison St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 22 Harrison St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Spina Bifida

Duration of Last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, Edwd St Cem Cemetery Philadelphia Road

Date of Burial, April 22nd 86

Undertaker, J Altfeld

Place of Business, 43 E Pratt

Daniel V Moyer M. D., Medical Attendant.

Address, 192 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 91143 *Office of Registrar of Vital Statistics.* **Ward** 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 22 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 21/86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Ethenial Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* / *Months,* *Days,*

Color,

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation Nil

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death. {Give street and Number.} No 33 N. Spring St.

Cause of Death. First (Primary). Intestinal Irritation

Second (Immediate). Convulsions.

Duration of Last Sickness. one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 22nd 1886

Undertaker, F J Locks

Place of Business, #73 Jefferson St

D. W. Jones *M. D.*
Medical Attendant.

Address, #224 Ellio St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Prescribed on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21144 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 21 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Blizzard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* — *Months.* — *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~Widower~~, {Cross out the words not required in this line.} —

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 168. Bentley. Av

Cause of Death, First (Primary), Old age &

Second (Immediate), General Debility 8 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 23/886

Undertaker, Rinehart & Dorsey

Place of Business, 263 Light

G. L. B. Stolle M. D.
Medical Attendant.

Address, 50 Warren av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91145 *Office of Registrar of Vital Statistics* Ward 15

HEALTH DEPARTMENT APR 22 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, April 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Rosenkowitz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} S

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give Street and Number.} 203 Light St

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Nephritis

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Chev Shalom Cemetery

Date of Burial, April 23d, 1886

Undertaker, Edw. F. Spence

Place of Business, 69 E. Baltimore St.

Jos Goodhart *M. D.*
Medical Attendant.

Address, 170 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 91146 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 22 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 21, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Heine

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 58. *Years,* — *Months,* — *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Baker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bremen, Germany,

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give Street and Number.} 79 McElderry's Wharf.

Cause of Death,
First (Primary), Rheumatism
Second (Immediate), Asthenia

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 23

Undertaker, A. O. R. Bandell

Place of Business, York Rd & 6

Wm H. Stonestreet M. D.
Medical Attendant.

Address, 154 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9114 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 22 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schneider

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give Street and Number.} 155 Burgundy st

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate), Prostration

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 23rd 1886 C. L. Biddenbohn M. D.

Medical Attendant.

Undertaker, Gu. Leimbach

Place of Business, 389 W Balto Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9148 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 22 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 April 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Augermyer

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 2 *Months,* 22 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} Scott Street 100

Cause of Death, First (Primary), Pneumonia & Pleuritis

Second (Immediate), Haemorrhage of lungs

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 23d 1886

Undertaker, Geo Lainhart

Place of Business, 359 W Pratt

H. J. Reinhard M. D.
Medical Attendant.

Address, 211 N Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 9149 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 22 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 22d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rheinhold Wiese

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.} male

Age, —— *Years,* 3 *Months,* —— *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 hours

Place of Death, {Give street and number.} Locust point Str Weser

Cause of death, First, (Primary,) ——

Second, (Immediate,) Diarrhea

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, April 22, 1886

Undertaker H. Sander & Son

Place of Business 252 Caton Ave *Address,* St. Weser.

Dr. Hoeppner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the dut of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furni within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and t cause and date of death, except in cases of births and deaths of illegitimate children. [ove

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 91150 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. APR 22 1886

CERTIFICATE OF DEATH.

Date of Death, April 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 6 *Months,* 19 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} 563 Mulberry St

Cause of Death, First (Primary),

Second (Immediate), Emaciation of Lungs.

Duration of Last Sickness, about one year.

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown Md

Date of Burial, April 23rd 1886 H. Rowe M. D.

Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette *Address,* 582 N. Fulton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4158 Fraser

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9157 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Dell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 9 *Months,* 10 *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Years Life time

Place of Death, {Give Street and Number.} 1763 W Fayette St

Cause of Death, First (Primary),

Second (Immediate), Apoplexy appearing

Duration of Last Sickness, Suddenly

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Apr. 23 86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 1162 Carrollton Ave

Thomas Carter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21152 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1886 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, April 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V Waste, nee Ross

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 36 *Years,* 5 *Months,* *Days*

Color, White

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 4 Columbia ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asphyxia

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Apr. 24/86

Undertaker, J. B. Cook

Place of Business, 107 W. Balto St *Address,* 136 Columbia ave

Geo R Graham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9153 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, APR 23 1886 BALTIMORE, MD.

Date of Death, April 22d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob H. Burke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 3 *Months,* 22 *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cigarmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 473 W. Lombard St.

Cause of Death, First (Primary),

Second (Immediate), Organic Disease of Heart, he claimed to have had suffocation attacks for sometime, Swelling of feet &c, was dead when I arrived at his house.

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Apr. 25/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 298 W. Lombard St.

H. W. Webster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91524 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT APR 23 1886 BALTIMORE, MD.

Date of Death, April 22. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. A. Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Ship Broker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 419 N. Gilmor St.

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, April 24th 1886

Undertaker, John S. Marion

Place of Business, 150 Saratoga St

Howard Bruce M. D.
Medical Attendant.

Address, 446 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21155 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 23 1886 BALTIMORE MD.

Date of Death, April 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bradley Reiter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 10 Ostend St

Cause of Death, First (Primary),

Second (Immediate), General Debility.

Duration of Last Sickness, Two (2) Months.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, April 23d 1886

Undertaker, John D. Marcher

Place of Business, 150 Camden St *Address,* 387 W. Lombard St

H. L. Stein M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9156 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 23 1886 BALTIMORE, MD.

Date of Death, April 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bride

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Seventy *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About fifty years

Place of Death, {Give Street and Number.} 592 Madison Av.

Cause of Death, First (Primary), Concussion of Spine from falling down Stairs backward upon the head.

Second (Immediate), Hemorrhage of the Lungs & Apnoea.

Duration of Last Sickness, About two days and a half

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, April 24th 1886

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave *Address,* 599 Madison Av

A C Pole M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9157 *Office of Registrar of Vital Statistics.* Ward 37

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 23 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Baker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 3 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 28 Bethel St

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, April 23th 1886

Undertaker, John E Grace

Place of Business, 1142 S. Caroline st

D W Cathell M. D.
Medical Attendant.

Address, 2 W Bowdoin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 41158 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 23 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 21 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Skillman Everett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* 6 *Months,* 1 *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Harness Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give Street and Number.} 440 N. Fulton Ave

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, April 23" 1886

Undertaker, Wm J. Tuckner — C. C. Hemmer M. D.
Medical Attendant.

Place of Business, 65 S. Eutaw St. *Address,* 87 N. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21159 *Office of Registrar of Vital Statistics.* Ward 7 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 23 1886 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, April 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Gottlieb

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 288 E. Chase St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Asphyxia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer.

Date of Burial, 24 of April

Undertaker, A. Funk & Son. I. C. Howe M. D.
Medical Attendant.

Place of Business, 461 N. Gay St. *Address,* E. Gay cor Caroline alley

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91760 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 23 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April. 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Gibson

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.} Male

Age, ——— *Years,* 15 *Months,* ——— *Days*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 15 mos

Place of Death, {Give Street and Number.} 19 Penn alley

Cause of Death, First (Primary), Diarrhoea

Second (Immediate),

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, W. Balto County

Date of Burial, April 23rd/86

Undertaker, F. A. Kirchner

Place of Business, Health Office *Address,* Balto Bond. Dist

H. Warfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9176 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 23 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Gossman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 59 *Years,* . . . . *Months,* . . . . *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give Street and Number.} 102 Somerset

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Coma

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cl

Date of Burial, April 26 1886

Undertaker, Henry Hock

Place of Business, 503 N. Central Ave

J. O. Stone M. D.
Medical Attendant.

Address, 1 E of Eager Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91162 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 23 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 22d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy M. Carruthers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, / *Years,* 11 *Months,* 28 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 885 N. Gilt st

Cause of Death, First (Primary), —

Second (Immediate), Scarlatina

Duration of Last Sickness, 6 or 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, Apl 24" 1886

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette Address, 582 N. Fayette

W. McKeown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91163 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 22d 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Rosenbaum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 432 N Lombard St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia, 4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Hebrew Cem

Date of Burial, Apr. 23/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 2 Cathedral St.

H. Leventhal M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91164 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 23 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 22 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Boyd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, since born.

Place of Death, {Give Street and Number.} 621 E. Fulton,

Cause of Death, First (Primary), Consumption

Second (Immediate), Prostation

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Apr 25/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto

R. Wilson M. D.
Medical Attendant.

Address, 837 N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 91163 — *Office of Registrar of Vital Statistics.* Ward 29

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 22nd

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Moore

Sex, ~~Male~~ *or Female.* {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death. {Give street and Number.} 232 Harlem Av.

Cause of Death. First (Primary),

Second (Immediate). Inanition

Duration of Last Sickness, Two (2) weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 23rd/86

Undertaker C. F. Krauseadon

Place of Business 209 Hanover

M K Warren M. D.
Medical Attendant.

Address, 2877 Sticker Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 91166 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 21/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael J. Kane

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, White.

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Moulder.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 58 Boyd St.

Cause of Death, First (Primary), Phthisis.

Second (Immediate), Phthisis.

Duration of Last Sickness, about six months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 24th

Undertaker, John J Bowan

Place of Business, 89 Hollins St Address, 119 W. Monument St

W. P. Thompson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9167 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 23 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 49 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 34 Block St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Hypertrophy of Liver

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 23rd, 1886

Undertaker, Saml. W. Chase

Place of Business, 198 S. Howard *Address,* 22 Lexington

Edward Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21148 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 24 1886 BALTIMORE, MD.

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CERTIFICATE OF DEATH.

Date of Death, April 22 / 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Booth

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, ?

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cathedral

Date of Burial, April 23 / 1886

Undertaker, Jas B Byrne

Place of Business, 60 Front

H Fruitcrald M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9169 *Office of Registrar of Vital Statistics.* Ward 3 C/C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 23. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Monica Mink

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 25 Durham

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sweet home Cem

Date of Burial, April 24

Undertaker, W Duffield

Place of Business, 157 S Bond St

J. H. Collenberg M. D.
Medical Attendant.

Address, 344 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91170 *Office of Registrar of Vital Statistics.* Ward 10th

HEALTH DEPARTMENT APR 24 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Apr. 23. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. J. Kennedy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 11 *Months,* 10 *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 282 Franklin

Cause of Death, First (Primary), Dropsy

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 25

Undertaker, J. J. Cook

Place of Business, 197 W Baltimore

Geo. A. Fleming M. D.
Medical Attendant

Address, 172 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91171 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 22nd, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Schaeffer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months.* — *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Forty years.

Place of Death, {Give Street and Number.} # 244 S. Durham St

Cause of Death, First (Primary),

Second (Immediate), Paralysis & Heart

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas's Cem.

Date of Burial, Apl. 24th 86

Undertaker, G. Franck

Place of Business, Franck & Wolfe

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91172 *Office of Registrar of Vital Statistics.* Ward 21

HEALTH DEPARTMENT APR 24 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, 21th. April 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ruck (Ruck)

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Gallicia, Austria

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, {Give Street and Number.} S. Ann Street 278 278

Cause of Death, First (Primary), Tuberculosis Pulmonum

Second (Immediate),

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, April 24th 86

Undertaker, G. Franey

Place of Business, Franz & Wolfe Sts.

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21173 *Office of Registrar of Vital Statistics.* Ward 10

HEALTH DEPARTMENT APR 24 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} F. Bailey Bayard.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55. *Years,* *Months,* *Days*

Color, W

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 323 Saratoga St.

Cause of Death, First (Primary), Stricture

Second (Immediate), Softning of the Brain

Duration of Last Sickness, about six Month.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 23. 1886

Undertaker, M. A. Daye

Place of Business, 74 S. Bway

Wm H Horn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the items as below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9177 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Myers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* 7 *Months.* 13 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——— V

Occupation, Schoolboy

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} No 19 S Spring st.

Cause of Death, First (Primary), Double Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, 24th of April.

Undertaker, Fred L. Eberle

Place of Business, #29 S. Caroline

L O Whitcomb M. D.
~~Medical Attendant.~~

Address, 12 S Edeo st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 91175 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
APR 24 1886
BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, Apl 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William C Raleigh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Amherst Co Va

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and Number.} 97 Pennsylvania Av

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness, 3 or 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, April 24th 1886

Date of Burial. Interment Private W. D. Booker, M. D., Medical Attendant.

Undertaker, Henry H. Means

Place of Business, 22 W. Fayette St *Address,* 169 Park Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 91176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 24. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clement Nix

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, {First (Primary,) Incarcerum

Second (Immediate,) chronic 2 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 24/886

Undertaker, Geo. Rinehart

Place of Business, Health Office

Thos. J. Ward *M. D.*
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9177 *Office of Registrar of Vital Statistics.* Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 23d April 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen C Hopkins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months.* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} D.C.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 437 Madison Ave

Cause of Death, First (Primary), Pulmonary Catarrh

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, April 24th 1886

Undertaker, Wm G Weaver

Place of Business, No 202 N. Eutaw St *Address,* 364 Madison Ave

H. W. Olings M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 91178 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 24 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Rust

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months.* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Serving maid

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, About four years.

Place of Death, {Give street and Number.} 24 Whatcoat Street

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness About two months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, April 26th 1886

Undertaker Alex Hemsley

Place of Business, 116 Orchard St *Address,* Woman's Medical College Dispensary

C. Steinbeimer, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21179 *Office of Registrar of Vital Statistics.* Ward 7 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 23, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew J & Rosa Harrison Parents

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 11 Hours ~~Days~~

Color, cd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~A J Harrison~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 396 E. Eager St.

Cause of Death, First (Primary), Premature birth

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, April 24th 86

Undertaker, W. Saunders & Son

Place of Business, 252 Fulton Ave

W. W. White, M. D.
Medical Attendant.

Address, 3621 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91180 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mathias Koehler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 1 *Months,* 11 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Coal Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 141 Henrietta. —

Cause of Death, First (Primary), Fibroid Phthisis

Second (Immediate), Exhaustion. —

Duration of Last Sickness, 1 yr 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Western Penn

Date of Burial, April 25th 1886

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts *Address,* 226 Montgomery

Geo A Strauss M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 24 1886 BALTIMORE MD

Permit No. 91181 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

CERTIFICATE OF DEATH.

Date of Death, April 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Hirshman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* *Months,* *Days.*

Color, Colick

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} Hebrew Hospital

Cause of Death, First (Primary), Hemiplegia

Second (Immediate), Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loyed St. Cemetery

Date of Burial, April 23

Undertaker, D. Ahrens

Place of Business, 28 High

I So. Street M. D.

Visiting Physician Medical Attendant

Address, 1 E. Fayette Cor Law Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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Permit No. 91182

HEALTH DEPARTMENT APR 24 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23d, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Octavia Nelson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and number} 385 North st.

Cause of Death {First, (Primary,) Chloral and Camphor Poisoning + Heart Paralysis Respiratory Failure

{Second, (Immediate,)

Duration of last Sickness, Not quite 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 24 th

E Barlow Bruce M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 100 Greenmit Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 91183 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S PERMIT APR 24 1891

CERTIFICATE OF DEATH.

Date of Death, April 23 91

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Lewis

Sex, ~~*Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days*

Color, colour

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 33 Little George st.

Cause of Death, First (Primary), Cholera Morbus

Second (Immediate), Exhaustion.

Duration of Last Sickness, about 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 25 1891

Undertaker, H Bois

Place of Business, 94 Eastern Ave

Wm A. Jones M. D.

Coroner ~~Medical Attendant~~

Address, 322 Wollin st City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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Permit No. 91184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate L. Lewis,

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 29 *Years,* *Months,* *Days.*

Color, W. *Sex,* F.

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 Vaughan Ave

Cause of Death, First (Primary,) Cholera Morbus,

Second (Immediate,) Heart-failure,

Duration of Last Sickness, 9 hours,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 24th 86

Undertaker, J. H. Monyer & Co

Place of Business, *Address* 247 Saratoga St

J. F. Ryle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91185 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1891 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 22 91

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hill

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 5 - 1 years

Place of Death, {Give Street and Number.} 120 Hanbury St

Cause of Death, First (Primary), Morbilla

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 24/891

Undertaker, Armstrong Bros

Place of Business, 763 Light St

R. Dorsey Coale M. D.
Medical Attendant.

Address, From Hanbury St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91186 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth McMurray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~ *Years,* 2 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two Life time

Place of Death, {Give Street and Number.} 104 S Grant St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, April 24th

Undertaker, E. Schlosman

Place of Business, 181 S. Sharp St *Address,*

Graduate Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 91187 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 24 1886 BALTIMORE, MD.

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CERTIFICATE OF DEATH.

Date of Death, April 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William McDaniel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 16 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, (Father Child name John F. McDaniel)

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 189 Boston St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 189 Boston St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Born Emaciated Debilitated

Duration of Last Sickness, always sick

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, April 24 1886

Undertaker, H. Sander & Co

Place of Business, 252 Canton Ave

C. W. Tanney M. D.,
Medical Attendant.

Address, High Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91188 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Whitehill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Retired Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give Street and Number.} # 278 Eastern Av.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, East Baltimore F. H. Cemetery

Date of Burial, April 25th 1886

Undertaker, Evans & Spence

Place of Business, 61 E. Baltimore St. *Address,* 243 Alice Anna

John N. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91189 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 24 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Greenberg

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months.* fifteen *Days*

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 15 days

Place of Death, {Give Street and Number.} 82 E. Fayette st

Cause of Death, First (Primary), Cold &c

Second (Immediate), Gastro Enteritis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cem Cemetery

Date of Burial, Apl 25. 86 J. E Gorsuch M. D.

Undertaker, F. altfeld Medical Attendant.

Place of Business, 43 E Pratt st *Address,* Cierpath & Hyland

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 12

Permit No. 91191 *Office of Registrar of Vital Statistics.* Ward 4 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 24 1886

CERTIFICATE OF DEATH.

Date of Death, April 23 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Edward Richardson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give Street and Number.} 65 Oxford St

Cause of Death, First (Primary), Cold

Second (Immediate), Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Monkton Harford Co Md

Date of Burial, April 24 1886

Undertaker, D Wiegand

Place of Business, 166 Druid Hill Ave

James H Mews M. D.

~~Medical Attendant.~~

Address, Cor Eutaw & Mc

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

415 E Fay Louis Mathias Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91191 *Office of Registrar of Vital Statistics.* Ward 13th

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 23, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie E. Arthur

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 81 Hollins St.

Cause of Death, First (Primary), Intussusception

Second (Immediate),

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 25th 1886

Undertaker, Henry H. Mears

Place of Business, 22 N. Fayette *Address,* 1621 Broadway

W. W. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 21192 — *Office of Registrar of Vital Statistics.* — Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 24 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 23d 86.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Saml Wilson.

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 29 Years, — Months, — Days.

Color, Colored

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Seamstress,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } #158 Dyson St.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Apnoea & Asthenia.

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial Loudon Cemetery

Date of Burial, Apr. 24-1886

Undertaker, D. W. Madden

Place of Business, 76 East St.

Robt G. Wilson M. D., Medical Attendant.

Address, 152 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91193 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 23d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wattenscheidt Wattenschiedt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, Piano Tuner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} 68 N. Eutaw St

Cause of Death, First (Primary), Morbus Brightii

Second (Immediate), Oedema Pulmonum

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, April 25th/86

Undertaker, M. Cadogan

Place of Business, 227 Mullers & *Address,* 170 S. Shut St

Wm Gosbel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9119 — *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Apl 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine A Killeary

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~*Single*~~, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Georgetown D.C.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 11 Randall St

Cause of Death, First (Primary), Tumour attached to Liver

Second (Immediate), ...

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 25 1886

Undertaker, Armstrong Denny

Place of Business, 263 Light

J L Phillips M. D.
Medical Attendant.

Address, 311 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91195 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robb Shipley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give Street and Number.} N. & Chas Hospital

Cause of Death, First (Primary), mal-nutrition

Second (Immediate), —

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 24

Undertaker, C. W. Blizzard

Place of Business, 20 Penn ave *Address,* 22 Edmondson ave

J. M. Hundley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91196 *Office of Registrar of Vital Statistics.* Ward 21

HEALTH DEPARTMENT APR 24 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 3 P.M. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie J. Dusting

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 193 S. Ann St.

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem.

Date of Burial, April 25th 1886

James E Donnelly M. D.
Medical Attendant.

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave. *Address,* 299 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9197 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine E. Evans

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 50 *Years,* ~~*Months,*~~ ~~*Days*~~

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

~~*Occupation*~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 22 Jackson Square

Cause of Death, First (Primary), Softening of the Brain

Second (Immediate), — — — Paralysis

Duration of Last Sickness, — 5 days —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 26th 1886

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91198 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

a

Date of Death, April 23d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mc Dermy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} No 114 High St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cy

Date of Burial, April 26/1886

Undertaker, Jas P Byrne

Place of Business, 63 Fremont Address, Exeter St

J J Mahon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Jas following Certificate

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91196 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT APR 27 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Grey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 114 N High St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 26 1886

Undertaker, Jas P Byrn

Place of Business,

James A Steuart M. D.
~~Medical Attendant.~~

Address, Cong & N

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

James A Delaney M.D.
Sanitary Inspector.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9199 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT APR 27 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, April 23th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick & Hellis Barber

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1/2 Hour *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 60 Dover St.

Cause of Death, First (Primary), Premature

Second (Immediate), Birth

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, St. Peters cemetery

Date of Burial, April 25 1886

Undertaker, H Ross

Place of Business,

James A Steuart M. D.
Medical Attendant.

Address, Cor M & PC

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether ~~married~~ or single) of the person deceased, and ~~the cause~~ and date of death.

Born and Delivered

[COVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91200 *Office of Registrar of Vital Statistics,* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie V. Mackenzie Ky (Parents)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 341 S Bond St

Cause of Death, { First (Primary), ... Second (Immediate), Convulsions

Duration of Last Sickness, Life time

All the above Information should be furnished by the Physician.

Place of Burial, S Oglethorpes Cem'y

Date of Burial, April 24 86

Undertaker, Felix Brosknahn

Place of Business, 218 S Bond St *Address,* Same do

Thos A Hearn M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Chas H Delacroix
Chief Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Buchannan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* \ *Months,* \ *Days.*

Color, Coloured

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St Mary's Co Md.

Duration of Residence in the City of Baltimore, 4 mos,

Place of Death, {Give street and number.} 12½ Brewers Alley

Cause of Death, {First (Primary,) Tuberculosis / Second (Immediate,) "

Duration of Last Sickness, Over a year

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, April 24th 1886

Undertaker, Morgan & Pyle

Place of Business, 9 Mulberry St

Richd Henry Thomas M.D.
Medical Attendant.
Physician to Dispensary Woman's
Address Med College
307 N Broad St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9202 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~March~~ April 24-1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattilda Oppelt

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give Street and Number.} Rear 662 Penna Ave

Cause of Death, First (Primary), Accidental Poisoning

Second (Immediate), Convulsions -

Duration of Last Sickness, 16 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, April 25th

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

J. Rickert M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9208 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 24 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Reynolds

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not requlred in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 102 Columbia ave

Cause of Death, First (Primary), Pneumonia Double

Second (Immediate), Prostration

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemetery

Date of Burial, April 25th 1886

Undertaker, A. Rohde.

Place of Business, 48 Penn avenue

E. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 N. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91204 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 22 d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Medel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* 7 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Glassblower.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 9 Ostend St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonitis.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Lawson Park

Date of Burial, April 25

Undertaker, B. Hall

Place of Business, 42 West St

P. J. N. Tall M. D.
Medical Attendant.

Address, 152 Shurgs St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91205 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 25 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evella Purnell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 29 State St. near Pamunkey

Cause of Death, First (Primary), Bronchitis

Second (Immediate),

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, April 25th 1886

Undertaker, Wm J Gray's

Place of Business, 65 M

O Edw Penney M. D.
Medical Attendant.

Address, Dispensary 38 Green

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9126 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 25 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lewis Kent

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 *Years,* 11 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 133 Penna av

Cause of Death, First, (Primary,) —

Second, (Immediate,) Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, April 25th 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard

Jas Gillis M. D., Medical Attendant.

Address, 180 N Bridle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 91207 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 24 — 96

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harris Fred

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* 0 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 68 North Eutaw st

Cause of Death, First, (Primary,)

Second, (Immediate,) Meningitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Belair Ave & Feb. Cemetery

Date of Burial, April 25th 1896

Undertaker, Ezell & Spence

Place of Business, 41 E. Baltimore St

David E Moyer M. D.,
Medical Attendant.

Address, 192 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 91208 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Tarlton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 2 Bruce St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 2 Bruce St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, April 25 1886

Undertaker, William M. Lugue

Place of Business, 62 East St

W D Booker M. D.,
Medical Attendant.

Address, 15-7 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91209 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James W. A. Christy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days*

Color, Col.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.e City

Duration of Residence in the City of Baltimore, 6 mo's

Place of Death, {Give Street and Number.} 198 Raborg Street

Cause of Death, First (Primary), ...

Second (Immediate), Marasmus

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Shaw St Cemty

Date of Burial, April 25 1888

Undertaker, Vilmont Lugee

Place of Business, 62 East St

B. S. Titcomb. M. D.
Medical Attendant.

Address, 616 W. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91210 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 24. 1866

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charley A. Euler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* 15 *Days*

Color,

Married, ~~Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Paperhanger mnfr.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} 167 Conway St.

Cause of Death, First (Primary), Gastric Convulsion

Second (Immediate), Asthenia.

Duration of Last Sickness, several days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 26th

Undertaker, E. Schlosman

Place of Business, 1815 S. Sharp st *Address,* 258 Hanover East

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9121 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. APR 25 1886 BALTIMORE

Date of Death, April 24th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Jefferson.

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months.* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 327. Little Hines al

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Shaft at Emsley

Date of Burial, April 25th 1886

Undertaker, I. J. Lee & Co

Place of Business, 132 Jefferson at

Truman F. Hill M. D.
Medical Attendant.

Address, 17 N. Carlton at

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 11212 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R Mathews

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washerwoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 7 Abraham St

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Exhaustion

Duration of Last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Asbury E. Cemetery

Date of Burial, April 25th 1886

Undertaker, S J Locke

Place of Business, 473 Jefferson St

James J Belt M. D.
Medical Attendant.

Address, 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9121 3 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 23/1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Curtis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Marys Co. Md

Duration of Residence in the City of Baltimore, one Year

Place of Death, {Give Street and Number.} No 1 Tennant St

Cause of Death, First (Primary),

Second (Immediate), Old Age

Duration of Last Sickness, 3 or 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St marys co Md

Date of Burial, Apr 26 1886

Undertaker, Wilson & Bowyer

Place of Business, 62 East St

Wm E Warner M. D.
Medical Attendant.

Address, 280 N Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Transit - 4160

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9124 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 24. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* — *Months,* — *Days*

Color, C.

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 38 N Chapple st-

Cause of Death, First (Primary), Pneumonia Chronic

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, April 26th 1886

Undertaker, Chas. S. Butler

Place of Business 132 n Caroline *Address,*

A. L. Gage M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9125 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT APR 26 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

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CERTIFICATE OF DEATH.

Date of Death, Apr. 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan McGill

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give Street and Number.} Inst. Little Sisters of Poor

Cause of Death, First (Primary),

Second (Immediate), Cancer of Breast.

Duration of Last Sickness, 2 or 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 26th 1886

Undertaker, Mr Blodcamp

Place of Business,

Geo Burke Reyes M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91216 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT ESTD 1866 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apl 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Beadel Schleuz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, my Years

Place of Death, {Give Street and Number.} 12 Brooks Lane

Cause of Death, { First (Primary), ... Second (Immediate), Consumption

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Apl 26th 1886

{ *Undertaker,* J P Pueblus / *Place of Business,* 66 Fredk Ave } James A Steuart M. D. ~~Medical Attendant.~~ Address, Camp & Pr

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. C. Roberts Sanitary Inspector

No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9217 *Office of Registrar of Vital Statistics,* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1886 BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, April 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lutman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 77 Hillen St

Cause of Death, First (Primary), Pneumonia & brain fever

Second (Immediate), Exhaustion

Duration of Last Sickness, fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, April 26th, 1886

Undertaker, Evans & Spence

Place of Business, 60 E Balto St *Address,* 134 N Eutaw St

Sam'l J Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9218 *Office of Registrar of Vital Statistics.* Ward 19th

HEALTH DEPARTMENT APR 26 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Noble Morrell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Advertising Agent

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cabin Co Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} No 46 N. Mountain

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Apr 26th 1886

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette *Address,* 1369 N. Gilmor

Jno R Duncan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT
APR 26 1886
RECEIVED

Permit No. 91219 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 24 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hartfield

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* 4 *Months,* ——— *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Commission Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give Street and Number.} 508 N Gilmore

Cause of Death, First (Primary), Double Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 48 hours

All the above Information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, April 26th 1886

Undertaker, John L. Mosher

Place of Business, 150 Camden St *Address,* 76 Light 21

J. Hanney *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 9122

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9122 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 25. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kaufman,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 10 years,

Place of Death, {Give Street and Number.} 26 Frederick St.

Cause of Death, First (Primary), Apoplexy. (Hemorrhage)

Second (Immediate), Exhaustion,

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Fells Point Hebrew Congregation Cemetery

Date of Burial, April 26 1886

Undertaker, Jas P. Byrne

Place of Business, 110 N Gay St Address, 133 N Eutaw St

J. H. Chisholm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91221 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 26 1886 BALTIMORE

CERTIFICATE OF DEATH.

C

Date of Death, 24 Apr. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry W. Blanks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* 5 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Norfolk, Va.

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give Street and Number.} 64 N. Poppleton

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Pulmonary Phthisis

Duration of Last Sickness, 3 & 4 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 26th 1886

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw St *Address,* 574 W. Fayette st.

J. Jno Hood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91222 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 24 1886,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Pressing, Infant of John Pressing

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} Infant

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 8 Laurel St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, three or four days

All the above information should be furnished by the Physician.

Place of Burial, Balto (Mount)

Date of Burial, April 26 1886

Undertaker, Elam & Spence

Place of Business, 60 E Balto St

A Shertzer M. D.
Medical Attendant.

Address, 88 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Instructions Below, and to Rule [illegible] of this Series.

Board of Health, City of Baltimore,

Permit No. 9223 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *nicely filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 26 1886 BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, April 25th. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Aires,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 22 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 65 Cambridge Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, About 2 weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Baltem Co.

Date of Burial. Abl 26

Undertaker, W Dixon

Place of Business, 151 E Bond

H L Dashiell Jr. M. D.,
Medical Attendant.

Address, 207 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91224 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Stoll

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 4 Freeman Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, Ten (10) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, April 26 1886

Undertaker, John Kerney

Place of Business, 382 Gay St. *Address,* 20 Shiver M. D. Medical Attendant

E & Co Eager Carroll

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9122 5

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 26 1886 BALTIMORE

Permit No. 9122 5 *Office of Registrar of Vital Statistics.* Ward 2 L

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Eastman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 18 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 73 Lancaster St

Cause of Death, { First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 26th 1886

Undertaker, Fred Goode

Place of Business, 29 S. Caroline *Address,* .....

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91226 *Office of Registrar of Vital Statistics.* Ward 10

HEALTH DEPARTMENT APR 25 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 26th /86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin C. Kelly

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, / *Years,* *Months,* 8 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 282 Mulberry St.

Cause of Death, First (Primary),

Second (Immediate), Tubercular Meningitis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 28th 1886

Undertaker, W Cadogan

Place of Business, 227 Mulberry St *Address,* 226 Mulberry St

Louis C. Horn M. D.
per E.K.K.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 91227 *Office of Registrar of Vital Statistics.* Ward 10

HEALTH DEPARTMENT APR 26 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Linton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 285 Lexington

Cause of Death, First (Primary), Brights Disease

Second (Immediate), Uremia

Duration of Last Sickness, 2 Mos

All the above information to be furnished by the Physician.

Place of Burial, Greenmount.

Date of Burial, April 27th 1886

Undertaker W. Cadogan

Place of Business, 227 Mulberry St *Address,* 371 Eutaw Place

Thos. S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91228 *Office of Registrar of Vital Statistics.* Ward 1

HEALTH DEPARTMENT APR 26 1886 BALTIMORE, MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Saturday April 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bach

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 4 *Months,* 8 *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 52 Chesapeake St

Cause of Death, First (Primary), Marasmus

Second (Immediate), Septic Aemia

Duration of Last Sickness, 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, St Johnsons Cem.

Date of Burial, April 26 1886

Undertaker, Felix Broskowski

Place of Business, 215 S Bond St *Address,* 280 Donnell St

J E Pritchard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9122 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 26 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Balto April 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Stevens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Two *Months,* Eighteen *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 7 Slowman St.

Cause of Death, First (Primary), Measles

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Barnards Cemetery

Date of Burial, April 26th

Undertaker, Wm J Schaffer

Place of Business, 25 S Front St *Address,*

J A Lane *M. D.*
Medical Attendant.

Address, 311 N High St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 9230

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 26 1886 REGISTERED

Permit No. 9230 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gilbert

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* *Months.* *Days*

Color, white

~~*Married*~~, *Single* ~~*or Widow(er)*~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 5 Woodward Street

Cause of Death, First (Primary), Phthisis

Second (Immediate), Pulmonalis

Duration of Last Sickness, a year & mon

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea

Date of Burial, April 27th 1886

Undertaker, John J Andrews

Place of Business, No 416 Druid Hill Ave

Edmund R Walker M. D.
Medical Attendant.

Address, 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 25 1886 REGISTRAR

Permit No. 91231 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ridus

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 63 *Years,* 11 *Months,* 24 *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give Street and Number.} 240 Virginia Ave

Cause of Death, First (Primary),

Second (Immediate), Epithelioma of the Tongue

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 26th

Undertaker, B. Hearle

Place of Business, 82 West Street, *Address,* [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9123½

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 26 1886 BALTIMORE MD.

Permit No. 9123½ *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Walter Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 309 Fort ave

Cause of Death, First (Primary), Pertussis

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 mos with Pertussis — 5 days with Pneumonia

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill.

Date of Burial, April 26.

Undertaker, B Harbe,

Place of Business, 7 W Pratt St.

Robert J. Lowe M. D.
Medical Attendant.

Address, 933 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9233

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
DEC 24 1886
BALTIMORE MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Cloud Ould

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 83 *Years,* 3 *Months,* 22 *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dist: of Columbia

Duration of Residence in the City of Baltimore, About 25 years

Place of Death, {Give street and number.} 244 Madison Av.

Cause of Death, First (Primary,) Softening of brain

Second (Immediate,) Asthenia

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 26th 86

Undertaker, J. E. Conyngham

Place of Business, 298 Lemmon *Address* 240 Madison Av

J. Edwin Michael M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 9124

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9/234 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED APR 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 25. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jonas Hamberger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 322 n Gay st

Cause of Death, First (Primary), Catarrh fever

Second (Immediate), Convulsions

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 27. 1886. E. C. Baldwin M. D.

Undertaker, Wm. H. Buckman. Medical Attendant.

Place of Business, 234 E. Gay St. *Address,* 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 9123[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 26 1886 BALTIMORE

Permit No. 91235 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham League

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} ✓

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 460 E. Lombard St.

Cause of Death, First (Primary), Heart disease

Second (Immediate), " Paralysis

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, April 28th 1886

Undertaker, Denny & Burkhead

Place of Business, 658 Broadway *Address,* 327 E. Balto St.

E. L. Byrnes *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91236 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT APR 28 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, April 25 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George C Kuhn

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 1 *Months,* 4 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 280 N Eden St

Cause of Death, First (Primary), Measles

Second (Immediate), asthenia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, April 26th 1886

Undertaker, Adam Pinkston

Place of Business, 461 N Gay St *Address,* 79 E. Monument St

Irving Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 91237

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 26 1886 BALTIMORE, MD

Permit No. 91237 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

CERTIFICATE OF DEATH.

Date of Death, April 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Krelginger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St Vincents Asylum -

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Ex. from Diarrhoea

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cem.

Date of Burial, April 26. 1886

Undertaker, Hammond Lake

Place of Business, Division St, *Address,* 404 Dr. Hillar -

F. J. Flannery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE CITY REGISTRY APR 26 1886 BALTIMORE MD.

Permit No. 91238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh McKenna

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 27 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, During Life.

Place of Death, {Give street and number} 27 Cemetery Lane.

Cause of Death, First, (Primary.) Phthisis Pulmonalis.

Second, (Immediate.) "

Duration of last Sickness, About five months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 27th

John C. Jenkins M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 100 Fremont Ave

Address, 244 E. Baltimore St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 91239 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 25 1886 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, April 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Lizzie Gipson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 10 *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland (Eastern part)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} #25 ~~Butler~~ St. W. Eldemp[illegible] Baltimore Infirmary

Cause of Death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial St Patrick Cem

Date of Burial, April 26 1886

Undertaker, J. J. Yates

Place of Business, 73 Jefferson St

Mrs R. Lehmann per Robt J. Wilson M. D., Medical Attendant.

Address, 1462 152 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 91240

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91240 *Office of Registrar of Vital Statistics.* Ward 9

HEALTH DEPARTMENT BALTIMORE MD. APR 26 1886

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1886 1st P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Green

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 37 *Years,* — *Months,* — *Days*

Color, Black

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give Street and Number.} 105 N. Charles St. (Saloon)

Cause of Death, First (Primary), Death Sudden

Second (Immediate), Supposed confusion of Heart

Duration of Last Sickness, had been suffering with sick stomach but was better

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 27 1886

Undertaker, J. J. Jacks

Place of Business, 73 Jefferson *Address,* 47 Franklin St.

Chas. Jas. Bibbins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9124 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT APR 26 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Schmidt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, ~~Months~~, 12 Days

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Born at Sea on S.S. Weser

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give Street and Number.} No 8 Lowndes St Locust Point

Cause of Death, First (Primary),

Second (Immediate), Insanitus

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 26 '86

Undertaker, H. Sander

Place of Business,

Thos A Steen M. D.

~~Medical Attendant.~~

Address, Cor Pratt & Pc

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John McDe Goey Inspector

No. 9124

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9124 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 25 1886 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, April 24th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Brimstefel

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ... *Years,* 1 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 467 S. Durham St,

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonitis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, April 26. 1886

Undertaker, H. Lander & Son

Place of Business, 252 Canton Ave

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. .....

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE, MD. APR 26 1886

Permit No. 91243 *Office of Registrar of Vital Statistics.* **Ward** 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Huldah Waters

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 1 *Months,* 13 *Days*

Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford County Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} 103 Herring Court

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 26 1886

Undertaker, W W Madden

Place of Business, 46 East St

E L Baldwin M. D.
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9124

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9124 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT APR 26 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 25 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva K. Weiner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Infantile

Place of Death, {Give Street and Number.} 323 E Eutaw

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, Two (2) days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Apr 26 1886

C H Patterson M. D.
Medical Attendant.

Undertaker, Henry Hoeft

Place of Business, 509 E Eutaw St *Address,* 101 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 91245

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91245 *Office of Registrar of Vital Statistics* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 25 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Emrich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pa

Duration of Residence in the City of Baltimore, 51 Years

Place of Death, {Give Street and Number.} 214 Bank

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Apr. 27 86

Undertaker, G. France

Place of Business, 5 Bank & Wolfe St. *Address,* 1911 E. Pratt

Geo. L. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...ician of ... is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91246 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rankraly Getz

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 7 *Years,* 2 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 44 S. Wolfe st

Cause of Death, First (Primary), Rubeola

Second (Immediate), pneumbronchopneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Apr. 26th 86

Undertaker, G. Franc

Place of Business, Bank & Wolfe Sts Address, 325 E. Balto st

J. L. Dauschman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Co[illegible]ction of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9127 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles M. Langrehr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* 5 *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 310, Hiccanna st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Apr. 26th 86

Undertaker, G. France

Place of Business, Park & Wolfe St *Address,* 22 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Physicians is Respectfully Invited to the Remarks below, and to Rule of Practice on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91248 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 24 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Dougherty

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female,

Age, 20 *Years,* 2 ~~20~~ *Months,* 20 *Days*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Single,

Occupation, Dressmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, One Year,

Place of Death, {Give Street and Number.} 201 Hanover St.,

Cause of Death, First (Primary), Typhoid Pneumonia,

Second (Immediate), Asthenia,

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Talbot Co

Date of Burial, April 24th 1886

Undertaker, Armstrong Bro

Place of Business, 263 Light

Robert Bond M. D.
Medical Attendant.

Address, 201 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special

...of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91249

Office of Registrar of Vital Statistics.

Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED JUN 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 25, 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Mortimer

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 25. *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 886 N. Pratt St.

Cause of Death, First (Primary), Measles

Second (Immediate), Conjestion of Lungs

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, April 27th 1886

Undertaker, Jos B. Cook

Place of Business, No 70 W. Baltimore St.

J. R. Wilson M. D.
Medical Attendant.

Address, 832 N. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 91250 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 25 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H Perkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 69 Woodyard Ct—

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Apr 27/86

Undertaker, J. B. Coop

Place of Business, 707 W. Balto St *Address,*

J H Prince *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9125 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY REGISTRY OFFICE APR 26 1886 ALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, April 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 59 Dover st

Cause of Death, First (Primary),

Second (Immediate), Carcinoma of face and eye

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 26 1886

Undertaker, G W Blume

Place of Business, 198 Howard St

L. M. Rose M. D.
Medical Attendant.

Address, 242 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91252 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

C

Date of Death, April 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Pratt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* 1 *Months,* 7 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} W

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 77 Duncan st. Cruelty

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 18 months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 26th 1886

Undertaker, E J Lee & Co

Place of Business, 43 Jefferson st. *Address,* 243 N. Eden st.

Edwin B. Fenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 91253 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

74

Date of Death, 25 April 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Uebelacker

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 78 *Years,* — *Months,* — *Days*

Color, white

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} widower

Occupation, Cabinet maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany — 33 years

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} Old German home for the aged (Geisenheim)

Cause of Death, First (Primary), Apoplexia

Second (Immediate), Haemorrhage from the bowels

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 27 April 1886

Undertaker, I B. Cook

Place of Business, 707 W Baltimore St

H F Reinhard M. D.
Medical Attendant.

Address, 211 N Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91257 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 20 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apl March 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Bauer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany -

Duration of Residence in the City of Baltimore, 13 yrs -

Place of Death, {Give Street and Number.} Veterans Care, Patapsco branch

Cause of Death, First (Primary), Alienation - Mental -

Second (Immediate), Suppose Accidental drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill -

Date of Burial, April 27

Undertaker, B. Hagel

Place of Business, 62 West St

Chas Bell M. D.

~~Medical Attendant.~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 91255 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 25th day of April 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Hess

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 47 years.

Place of Death, {Give street and number.} No 389 Madison Ave.

Cause of death, First, (Primary,) Bronchial Consumption

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, April 27th 1886.

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont

Fred. Hess M. D.,
Medical Attendant.

Address, 389 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 9257 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 26 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 25 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Osler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} V

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, Ten Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, April 27th

Undertaker, Jos. B. Tark

Place of Business,

C. Fawcett M. D.,
Medical Attendant.

Address, 92 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9125 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr. 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Norman Stuart Whiting

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 429 Park Place

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Cardiac asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 27th 86

Undertaker, Hew Jenkins & Sons

Place of Business, Park & Saratoga Sts *Address,* 114 Park Ave

F. E. Chatard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91258 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 27 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cassie Bates

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 5 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 178 Light

Cause of Death, First (Primary),

Second (Immediate), Epilepsy

Duration of Last Sickness, 6 years

All the above information should be furnished hy the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 28

Undertaker, B. Harle

Place of Business, 82 West St Address, 146 [illegible]

Howard Cox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 91259

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91259 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Knight

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* —— *Months,* —— *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~No. 220 N. Wolfe St Baltimore~~

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} No. 220 N. Wolfe St.

Cause of Death, First (Primary), frequent colds

Second (Immediate), Congestion of the lungs

Duration of Last Sickness, about two months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 28th

Undertaker, George Schilling

Place of Business, 3rd and Squar

Milton N. Taylor M. D.
Medical Attendant.

Address, 138 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91269 *Office of Registrar of Vital Statistics.* Ward 4th 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor Gorsuch

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 66 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~ ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 100 E. Fayette st

Cause of Death, First (Primary), Ulcerated Stomach

Second (Immediate), Hemorrhage from Stomach

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Trap Harford County Md

Date of Burial, April 29th

Undertaker, Geo Schilling

Place of Business, Ashland Square *Address,* Aisquith & Fayette

J E Gorsuch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4161 Fremont

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91261 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 2[illegible] 1876 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lemmon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 12 *Years,* 4 *Months,* — *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 132 N. Eden St

Cause of Death, First (Primary), Marasmus

Second (Immediate), Coma

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, April 28 - 1876

Undertaker, W. W. Madden

Place of Business, 46 East St

Whitefield Winery M. D.
Medical Attendant.

Address, 110 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 91262 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 26 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Schafer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

~~*Occupation*~~ #

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 231 E. Pleasant St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 231 E. Pleasant St

Cause of Death, First (Primary), Rubeola

Second (Immediate), Bronchitis

Duration of Last Sickness, 18 days

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, April 28/86

Undertaker Wm J Tickner

Place of Business, 16 S. Eutaw St *Address,* 146 Hanover St

Geo. A. Dixon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91263 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 27 1886 BALTIMORE MD

Date of Death, April 26th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Ransom

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* ——— *Months,* ——— *Days*

Color, ad

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Matthews Co. Va

Duration of Residence in the City of Baltimore, 15 yr

Place of Death, {Give Street and Number.} 62 Mc Culloch St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Coma

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Matthews Co Va

Date of Burial, April 27 - 1886

Undertaker, Wm H Madden

Place of Business, 46 East Pratt

Wm F. Lockwood M. D.

Medical Attendant.

Address, Park Ave & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4162 Fremont

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9126 *Office of Registrar of Vital Statistics.* Ward 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Burton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 17 Elbow Lane

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28 1886

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Ino. F. Hake M. D.
Medical Attendant.

Address, 152 Fawn St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91265 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... APR 27 1886 ...ALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E.H. Handy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, Blk

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore 3 - Yrs.

Place of Death, {Give Street and Number.} 514 Josephine

Cause of Death, First (Primary), Meningitis

Second (Immediate), Abscess.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 27 1886

Undertaker, Hercules Bros

Place of Business, 95 Cornwallis St. *Address,* Fleet & Mulberry Sts.

R. H. P. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4163 Forrest

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91266 *Office of Registrar of Vital Statistics.* Ward 6 CJ

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 26/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine M. E. Vonderhude Vonderhude

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, white

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give Street and Number.} 126 N. Bond St

Cause of Death, First (Primary), Anemia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, April 28 1886. J. Wallis, *M. D.*

Medical Attendant.

Undertaker, John Hennessy

Place of Business, 382 Orleans St *Address,* 188 Saulsbury St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9267 *Office of Registrar of Vital Statistics.* Ward 1/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 22 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Arnault

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Dancing Master

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 26 Eamon St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Hemorrhage

Duration of Last Sickness, 5 Days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, April 24 1886

Undertaker, John Kenedy

Place of Business, 312 Orleans

E. J. McCann M. D.
Medical Attendant.

Address, 238 Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91268 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh J. Hazlehurst

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 28 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Broker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Absent 7 years - Returned 2 mos.

Place of Death, {Give Street and Number.} 82 Boundary Ave (near Fort)

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate),

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, April 27th, 1886

Undertaker, Stewart & Morgan

Place of Business, 35 Park Ave *Address,* 115 W. Monument St

E. O'Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

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Permit No. 91269 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

12

CERTIFICATE OF DEATH.

HEALTH DEPART... APR 27 1886 BALTIMORE MD

Date of Death, April 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Molly Date

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days*

Color, ed

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Co. Va

Duration of Residence in the City of Baltimore, 2yrs

Place of Death, {Give Street and Number.} 39 Oxford St.

Cause of Death, First (Primary), Pneumonia (& Tuberculosis)

Second (Immediate), Exhaustion

Duration of Last Sickness, about 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Naylors Church Va

Date of Burial, Apr. 27th 86

Undertaker, Chas. Hennelly

Place of Business, 41 Orchard St. *Address,* Park Ave & Mulberry St.

Wm. F. Lockwood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

416 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9270 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT APR 27 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, April 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Leidner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* 6 *Months,* 8 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 1/4 yrs

Place of Death, {Give Street and Number.} 207 Hollins St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Cerebral Effusion

Duration of Last Sickness, Ten hours

All the above information should be furnished by the Physician.

Place of Burial, St Matthias Cem. Graff Rd

Date of Burial, Apr 29/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* Ever Mansion Ave

John Neff M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91271 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert a. McGinnis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 13 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 187 Pratt near E.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 97 Gunnell Ave

Cause of Death, First (Primary), Measles

Second (Immediate), Consp.

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 27th

Undertaker, H. C. Wakefield

Place of Business, 100 Gunnell Ave

Inman F Hill M. D.
Medical Attendant.

Address, 17 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21272 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 27 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John and Viroqua Glascoe (Parents)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ ½ Hour ~~Days~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 235 Orleans st

Cause of Death, First (Primary), Premature Birth (5 Months)

Second (Immediate), Asthenia

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, April 27th 1886

Undertaker, W N Dungee

Place of Business, East st

James A Hines M. D.

~~Medical Attendant~~

Address, Eutaw & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M M Rewen Sanitary Inspector

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

8th W.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT, APR 27 1886 BALTIMORE, MD.

Permit No. 91273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, April 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 59 *Years,* ..... *Months,* ..... *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower {Cross out the words not required in this line.} Single

Occupation, Wash Woman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanford Co

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} no 5 Neighbour St "

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) .....

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery A. G. Watson M. D.

Date of Burial, April 27 1886 Medical Attendant.

Undertaker, William M. Dwyer

Place of Business, 62 East St *Address* 522 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91274 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 27 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 26 — 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelson Gadlin

Sex; ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* about 6 *Months,* ..... *Days*

Color, Mulatto

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 228 McDonough St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Cerebral Congestion

Duration of Last Sickness, A few days

All the above information should be furnished by the Physician.

Place of Burial, Lowndes Cemetery

Date of Burial, April 27 1886

Undertaker, William Downey

Place of Business, 62 East St

J. B. Schwatka M. D.
Medical Attendant.

Address, Cor Biddle & Bond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

BOARD OF HEALTH APR 27 1886 BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~April 9 Shut St~~ April 25

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Col *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9 Short St

Cause of Death, First (Primary,) Gastritis

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 27 1886

Undertaker, Wilhelm & Lange

Place of Business, 62 East St *Address* Balto

D D Grupe *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9276 *Office of Registrar of Vital Statistics.* Ward 20th

HEALTH DEPART. MD. APR 27 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Apr 27- 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence V Coul-

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days*

Color, W

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti City Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 194- W Lanvale St-

Cause of Death, First (Primary), Congestion of the Brain

Second (Immediate),

Duration of Last Sickness, (3) Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Apr. 28th

Undertaker, J. E Hough

Place of Business, 198 Penn. Ave.

[signature] M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9277 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, April 23rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Hambrick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Wethersville Md

Duration of Residence in the City of Baltimore, 2½ months

Place of Death, {Give Street and Number.} Nursery & Childs Hospital

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, April 26

Undertaker, C. H. Pippard

Place of Business, 21 Penn

T. A. Abbey M. D.

Medical Attendant.

Address, 318 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9178 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

74

Date of Death, April 24 — 86 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Clark

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 1/2 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} M & Childs Hospital

Cause of Death, First (Primary), Mal-Nutrition

Second (Immediate), —

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 26

Undertaker, E. H. Hagan

Place of Business, 291 Pac *Address,* 22 Druid Hill Ave

J. M. Hundley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91279 *Office of Registrar of Vital Statistics.* Ward 8 11

HEALTH DEPARTMENT
APR 27 1886
BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J Larkin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 10 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} No 3 Little Constitution St

Cause of Death, First (Primary) Accidentally Thrown from a buggy

Second (Immediate), Internal Hemorrhage

Duration of Last Sickness, Five (5) hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 28 1886

Undertaker, James D Bynn

Place of Business, No 63 & Front St *Address,* 111 S Broadway

Ethelbert Bartlett M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

13 L

Permit No. 91280

HEALTH DEPARTMENT, APR 26 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Bridget Morris

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ *Widow* ~~or Widower.~~ {Cross out the words not required in this line.}

Occupation, No business / Invalid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, forty years

Place of Death, {Give street and number.} 451 West Lombard Street

Cause of Death, First (Primary,) Atrophy of heart

Second (Immediate,) Fatal failure

Duration of Last Sickness, about sixty days

All the above information should be furnished by the Physician.

Place of Burial, St peters

Date of Burial, April 28th

E. H. White M. D.

Medical Attendant.

{*Undertaker,* John J Cowan

Place of Business, 89 Hollins st *Address* 109 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi[ficate]

Health Department, City of Baltimore.

Permit No. 91281 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 26 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Brooks -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days*

Color, Black -

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md since birth -

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 20 Dawson al -

Cause of Death, First (Primary), Inflammation Rheumatism

Second (Immediate), —

Duration of Last Sickness, 9 month

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, April 29 1886

Undertaker, H. Ross

Place of Business, 95 Con W Orj St

A. Oswald M. D.
Medical Attendant.

Address, 28 N. W. Fallsboard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9128 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 26, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rufus James

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, 47 *Years,* *Months,* 1 *Days*

Color, Colored.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Brickmaker & Oyster Shucker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pocomoke City Md,

Duration of Residence in the City of Baltimore, about 4 years

Place of Death, {Give Street and Number.} 12 Peach Alley,

Cause of Death, First (Primary), Strangulated Hernia,

Second (Immediate), Gangrene causing Septicaemia.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28 1886

Undertaker, Hercules SS

Place of Business, 956 Conway St

Robert Boyd M. D.
Medical Attendant.

Address, 201 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91283 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 28 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Salena Skotarczak

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 15 *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} # 26 Fell St.

Cause of Death, First (Primary), Burn

Second (Immediate), Shock

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, H Rhamburs Cem

Date of Burial, April 28, 86

Undertaker, Felix Szwoskowski

Place of Business, 215 S Ann St

John H. Rehberger M. D.
Medical Attendant.

Address, # 743 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91284 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 28 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 27 — 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Wagner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, Four (4) days

Place of Death, {Give Street and Number.} 117 Thames Street

Cause of Death, First (Primary), Asthma

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, Few Minutes

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, April 28th 1886

Undertaker, Geo. Rinehart

Place of Business, Health Office Address, 101 N. Broadway

C. Hall Hurst M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91285 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Sweet

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* 8 *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Mechanical Engineer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, Four months

Place of Death, {Give Street and Number.} 223 Hoffman St.

Cause of Death, First (Primary), Laryngeal Phthisis complicated by Waxy Bright's Disease of Kidneys 2nd Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, About 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Sturbridge Mass

Date of Burial, April 29th 1886

Undertaker, John J Andrews

Place of Business, 1146 Druid Hill Ave *Address,* 97 N. Charles St

Thomas Shearer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4167 Transcribed

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91286 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 28 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Harvey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 15 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 571 Light St

Cause of Death, First (Primary), Bronchial Catarrh

Second (Immediate), Congestion Brain

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Glendale Prince George Co.

Date of Burial, April 28th 1886

Undertaker, C. F. Krause & Son

Place of Business, 209 Hanover

O. A. Clarke M. D.
Medical Attendant.

Address, 110 Fort Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4168 Transit

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91287 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, when filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, April 27th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter F. Shanck

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 23 *Years,* 9 *Months,* 29 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Conductor P C & A R R

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give Street and Number.} 86 Maryland Ave

Cause of Death, First (Primary), Accidentally run over by Engine

Second (Immediate), Internal Hemorrhage

Duration of Last Sickness, Instantaneous

All the above information should be furnished by the Physician.

Place of Burial, Middletown Balto. Co

Date of Burial, April 29/86

Undertaker, Chas. F. Scriven

Place of Business, 2711 Eutaw *Address,* 101 N Broadway

Medical Attendant. Harold Randolph M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4169 Transit

No. 9128

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91288 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
28 1886
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Schneider

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* — *Months,* 2 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, Wheelwright

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 259 Columbia ave

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate), Prostration

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Apl 29th 1886

Undertaker, Jos B Cook

Place of Business, No 707 W. Baltimore st

C. L. Baddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91289 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 28 1886 BALTIMORE

Date of Death, April 25 — 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Johnson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~ Male

Age, 24 *Years,* —— *Months.* ..... *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt = city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 12 40 Eden

Cause of Death, First (Primary), Acute Phthisis

Second (Immediate),

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 28th

Undertaker, G L Evans

Place of Business, 72 Jefferson at

L A Wiskirsk M. D.
Medical Attendant.

Address, 12 S Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 71290

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 71290 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or earlier if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 28 1896 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Koch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~Baby~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 3 yrs 7 mos

Place of Death, {Give Street and Number.} Rear of 333 S. Charles St

Cause of Death, First (Primary), Morbus Cordis

Second (Immediate), Congestion of lungs

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, April 29

Undertaker, B. Hale

Place of Business, 82 West St

Robt Edes M. D.
Medical Attendant.

Address, Town

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 712

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9129 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE 28 1886

CERTIFICATE OF DEATH.

Date of Death, April 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miriam Callender

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} V

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 57 Patapsco st

Cause of Death, First (Primary), Bronchial Catarrh

Second (Immediate), Congestion Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Carl Co Md

Date of Burial, 28 April

Undertaker, B Hanle,

Place of Business, ~~Home~~ 1711 82 *Address,* 110 Forbes

Wm. A. Clarke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4170 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91292 *Office of Registrar of Vital Statistics.* Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 28 1896 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 27th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Brice

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md.

Duration of Residence in the City of Baltimore, 190 S. Spring St

Place of Death, {Give Street and Number.} 190 S. Spring St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28th

Undertaker, W. H. Madden

Place of Business, 46 East St

William T Cathell M. D.
Medical Attendant.

Address, 20 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 1 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9293 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT APR 28 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 28th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles. Busse

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* 3 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Musician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 46 Abbot st

Cause of Death, First (Primary), Exposure, Intemperance

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, April 29 1886

Undertaker, Henry Hoke

Place of Business, 309 W Pratt *Address,* 282 N. Broadway

Chas. B. Zugh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore, (20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 91294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 28 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 27-86

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Mr. A. M. Carroll - Aguilla

Sex, Male or Female, { cross out the word not required in this line. }

Age, ~~Years,~~ ~~Months,~~ — 7 — hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 307 La Fayette ave

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 307 La Fayette ave

Cause of Death, First, (Primary,) Premature Birth - Cyanosis

Second, (Immediate,) ~~Want of Nourishment~~ Cyanosis

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 29th 86

Undertaker, J. A. Schaffer

Place of Business, North Fulton Ave & Near Mulberry St

Jno. J. King M. D.
Medical Attendant.

Address, 215 N. Carrollton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21295 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 28 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Loskow

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 38 Bank St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cemetery

Date of Burial, June 29th

Undertaker, Wm J Schaeffer

Place of Business, 5 S. Front St

J. J. Illegar M. D.
Medical Attendant.

Address, 1 So. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 91296

Office of Registrar of Vital Statistics. 15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 28 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Loveday

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Hartford Co Md

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, {Give street and number.} No 125 Welcome alley

Cause of Death, First, (Primary.) Fall, down Stairs

Second, (Immediate.) Congestion of Brain

Duration of Last Sickness, A few days

All the above information should be furnished by the Physician.

Place of Burial, Hartford Co, Md.

Date of Burial, April 29th 1886

Undertaker Wm J Gray

Place of Business, 65 Mulberry St

E. F. Owens M.D.,
Medical Attendant.

Address, No 57 N. Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4171 Harriet

No. 9129

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9129 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 28 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed. Deford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Iron

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give Street and Number.} No. 94 Eastern Ave

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, April 29th 1886

Undertaker, H. Sanders & Son

Place of Business, 252 Canton ave *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 91298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 29 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Era Hughes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 18 *Months,* ____ *Days.*

Color, Col'd — *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 103 S. Bethel

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) ____

Duration of Last Sickness, 4 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, April 29th

Undertaker, John E. Grace

Place of Business, 142 S. Caroline St.

J. D. Gross *M. D.*
Medical Attendant.

Address 13 N Chas St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over.

No. 91[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91299 *Office of Registrar of Vital Statistics.* Ward 11 19

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Schenck Smith.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* 20 *Days*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Columbus, Ohio.

Duration of Residence in the City of Baltimore, Nearly all her life.

Place of Death, {Give Street and Number.} 171 Madison Avenue.

Cause of Death, First (Primary), Acute catarrhal pneumonia.
Second (Immediate), Apnoea.

Duration of Last Sickness, Twelve days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 30th 1886

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts. *Address,* 139 N. Charles St.

Charles O. Shipsey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 74

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91300 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR DEPARTMENT OF HEALTH BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 28 Apr., 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucretia Edwards

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Co., Md.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} Home of Aged & M. Methodist Episcopal Church

Cause of Death, First (Primary), Old age

Second (Immediate), Gastritis

Duration of Last Sickness, Many months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Apr 29 1886

Undertaker, John S. Mackin

Place of Business, No 130 Camden *Address,* 594 W. Fayette st

John Hood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 3

Permit No. 71301 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Fuller

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 20 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 151 S. Dallas st

Cause of Death, First (Primary), Measles

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetary.

Date of Burial, April 30th 1886.

Undertaker, Leonhard Kurtz

Place of Business, No. 277 S. Bond Street. *Address,* 50 & Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...quently invited to the remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 91302 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 29 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hanson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Penna

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give Street and Number.} 260 Presbyterian

Cause of Death, First (Primary), Chronic Liver

Second (Immediate), Albuminuria

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, May 1st 1886

Undertaker, Henry W. Mears

Place of Business, #22 W. Fayette St *Address,* 193 Pratt

G. W. Norris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9303 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 28th April 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Grace Oliver

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 9 *Years,* — *Months,* 2 *Days* 7

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Public School

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } 62 North Carey St

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 30/86

Undertaker, Denny & Mulvale

Place of Business, 530 W. Fayette

C. W. Jones M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 91304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 29 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 28 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Almira J. Stevenson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 322 Madison ave.

Cause of Death First, (Primary,) Locomotor ataxia, Sclerosis of Spinal Cord

Second, (Immediate,) Asthenia

Duration of last Sickness, Between three & four months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 30th 1886

J. A. Ashby M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 318 N Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 71

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91305 — *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Apl - 29/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine E. Watkins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 36 *Years,* —— *Months,* —— *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} a. a. Co. Md.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give Street and Number.} 146 Harlem Ave

Cause of Death, First (Primary), Purpura Hemorrhagica.

Second (Immediate), Diptheria.

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Davidsonville A A Co

Date of Burial, April 30/86

Undertaker, Denny & Mitchell

Place of Business, 550 N Fayette

Thomas Otis M. D.
Medical Attendant.

Address, 179 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4173 Laurel

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91306 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 28, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George D. Emmons

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 52 *Years,* 1 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Navy Officer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give Street and Number.} 189 N. Calhoun St.

Cause of Death, First (Primary), Softening of the Brain

Second (Immediate),

Duration of Last Sickness, 8 Years

All the above Information should be furnished by the Physician.

Place of Burial, Be Cremated at Laurel Pa.

Date of Burial, Friday Apl 30/86

Undertaker, Denny & Mitchell

Place of Business, 550 Hayette St

L. G. Luthuenen M. D.
Medical Attendant.

Address, 584 Hayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

417 E Fayette

This Permit No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91307 *Office of Registrar of Vital Statistics,* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 27th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William S. Brooks.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cigar-maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ind

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give Street and Number.} 104 Hamburg St

Cause of Death, First (Primary), Malaria

Second (Immediate), Dysentery

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lawlon Park

Date of Burial, April 29

Undertaker, B. Hall

Place of Business, 62 Hart St

Robert S. Rowe M. D.
Medical Attendant.

Address, 933 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

Health Department, City of Baltimore.

Permit No. 91308 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Voss

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* 2 *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 16 years

Place of Death, {Give Street and Number.} No 9 Little Gough st

Cause of Death, First (Primary), Acute Phthisis

Second (Immediate),

Duration of Last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, April 29th 1886

Undertaker, H. Saunderson

Place of Business, 202 Eastern Ave *Address,* 12 S Ed E

L. Obrembski M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9139

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91309 *Office of Registrar of Vital Statistics,* Ward 16

HEALTH DEPARTMENT APR 29 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gilpert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} # 85 Dover st

Cause of Death, First (Primary), Jaundice

Second (Immediate), Phagm

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, April 29th 1886

Undertaker, Dietrick Wiegand

Place of Business, 166 Druid Hill Ave

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 91310 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick William Ellerbrock

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 3 *Years,* *Months,* 4 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 29 S. Eutaw st

Cause of Death, First, (Primary,) Rubeola

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Trinity Cemetery Frankford

Date of Burial, April 29th

Undertaker, Evans & Spines

Place of Business, 60 E. Balto St

P. G. Daiach M. D.,
Medical Attendant.

Address, 325 E. Balto. st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9131 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 29 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 28 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward C. Hahn

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 151 Orleans

Cause of Death, First (Primary,) ____

Second (Immediate,) Cyanosis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 30th 1886

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address* 137 Orleans

J. J. Lewis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Form

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore.

Permit No. 9139 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dooley

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 11 *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 1445 N Paca Street

Cause of Death, First (Primary) Meningitis, probably tubercular - was in attendance 2 days - prior to that I learned. Child had been Second (Immediate) failing about 2 months

Duration of Last Sickness, convulsions

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 29 1886

Undertaker Jas P Byrne

Place of Business, 6 E Fayette

Marbury Brewer M. D.
Medical Attendant.

Address, 18 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 9121

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9313 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1889 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 27 89

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. R. Brooks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give Street and Number.} 48 Wash St

Cause of Death, First (Primary), ...

Second (Immediate), ~~Spasms~~ Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, 30 April

Undertaker, B Harles,

Place of Business, 82 West St.

R W & P Ellers M. D.
Medical Attendant.

Address, Encore Shulbury

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 91314 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED APR 29 1886

CERTIFICATE OF DEATH.

Date of Death, Baltimore April 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Foals

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 105 Plum alley

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, April 29th 1886

Undertaker, F. H. Kirchner James A. Steuart M. D.

Place of Business, ... *Address,* ~~~ Conn Ave & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

Louis Mathias Sanitary Inspector [OVER.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9/315 *Office of Registrar of Vital Statistics.* Ward 6

HEALTH DEPARTMENT APR 29 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, April 28 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Johnson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give Street and Number.} 84½ Jefferson Street

Cause of Death, First (Primary), Parturition

Second (Immediate), Embolism Cerebral

Duration of Last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apl 29 1886

Undertaker, William M Bruce

Place of Business, 62 East St

O H Culbreth M. D.
Medical Attendant.

Address 10 ~~Dickens~~ Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 74

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91316 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the Death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 29 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mills

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St. Vincents

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 wk

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cem.

Date of Burial, April 30 - 86

Undertaker, Almond Lake

Place of Business, Division St.

F J Flannery M. D.
Medical Attendant.

Address, 407½ Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 4[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91317 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1886 BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, ~~April~~ 28th April 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rossetta

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* — *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} St. Vincents

Cause of Death, First (Primary), Dentition complicated by Bronchitis

Second (Immediate), Ex-

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cem.

Date of Burial, April 30 1886

Undertaker, Harwood Lake

Place of Business, Division St.

T. J. Flannery M. D.
Medical Attendant.

Address, 404 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 11

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91318 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 29 April 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. Ennold

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 54 Pine St.

Cause of Death, First (Primary), Valvular Heart Disease with Abdominal Effusion.

Second (Immediate), Cardiac Failure.

Duration of Last Sickness, 8 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 1. 1886

Undertaker, P. J. Dill

Place of Business, 183 Columbia Ave

B. F. Leonard M. D.
Medical Attendant.

Address, 344 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer

Health Department, City of Baltimore.

Permit No. 91319 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HARK ORPARTMENT
APR 30 1886
BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, April 29th/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie B. Hill

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 7 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} S.W. Cor. Edmondson and Schroeder

Cause of Death, First (Primary), Artificial feeding

Second (Immediate), Gastro enteritis

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, April 30th 1886

Undertaker, L. Lewis Schaefer

Place of Business, 109 N Fremont

H. F. Hill M. D.
Medical Attendant.

Address, S.W. Cor Edmondson and Schroeder

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

Health Department, City of Baltimore.

Permit No. 91320 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 28: 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Katz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, x x x

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 153 N Castle St

Cause of Death, First (Primary), Congestive Chills

Second (Immediate), ...

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, April 30/86

Undertaker, Wm S. Frey

Place of Business, 57 W Broadway

James E Emmell M. D.
Medical Attendant.

Address, 299 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91321 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Estella Worthington

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Seven (7) *Months,* Five (5) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~, ~~Single~~, Widow or ~~Widower~~

Occupation, ~~.....~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 82 North Wolfe Street

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 1st 1886

Undertaker, [illegible]

Place of Business, [illegible] Broadway *Address,* No. 102 N. Broadway

Wm. H. Cleaveland M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 91322 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT ESTD 1886 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, April 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Kupperman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years~~, 11 *Months,* ~~Days~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 187 S Caroline st

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Apr 30

Undertaker, W Dixel

Place of Business, 157 E Bond

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within nty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 91323 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT
APR 30 1886
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Agnes Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From life time

Place of Death, {Give Street and Number.} 132 Battery Ave

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, May 1st 1886

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga sts

Edward Cotton M. D.
Medical Attendant.

Address, 1 W Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 91324

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 30 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 28 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Conger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 St Paul St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Tubercular Meningitis

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 30 1886

{*Undertaker,* Geo. Rinehart
Place of Business, Health Dept

Thos. J. Wood M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91325 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 29 — 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C Daley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* 2 *Months,* *Days*

Color, White

Married, ~~Single, Widow or~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Phila, Pa

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 368 Canal st

Cause of Death, First (Primary), Cancer of the Womb

Second (Immediate),

Duration of Last Sickness, I cannot say. Dr. Howard & I attended her a little over one month.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 1st

Undertaker, Geo Schilling

Place of Business, Ashland Squar

J G Luttrell M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 91326 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Apl. 28th '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Millard D. Hutton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 7 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington Co. Md

Duration of Residence in the City of Baltimore, 6 yr.

Place of Death, {Give Street and Number.} N. W. Lanvale & Bentalou sts.

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 1st 1886

Undertaker, John B. Thacher

Place of Business, 150 Saratoga St

John F. Herman M. D.
Medical Attendant.

Address, S. W. Calvert & Read sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...sician is respectfully invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 9327 *Office of Registrar of Vital Statistics.* Ward 9 01

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 28 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Santhe Di Auburn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} ✓

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} 7 St. Paul St

Cause of Death, First (Primary), Rheumatism.

Second (Immediate), Heart Disease.

Duration of Last Sickness, 3 Mos. Chronic - acute few hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, April 30th 1886

Undertaker, John J Andrews

Place of Business, 1846 Druid Hill Ave

Wm J. Chappell M. D.
Medical Attendant.

Address, 435 N. Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 74

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 91328 *Office of Registrar of Vital Statistics.* Ward 12th

HEALTH DEPARTMENT APR 30 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death. April 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Meyd-

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* — *Days*

Color. White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md-

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St. Vincents Asylum.

Cause of Death, First (Primary), Measles -

Second (Immediate), Pneumonia.

Duration of Last Sickness, 10 days-

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius

Date of Burial, April 30

Undertaker, B. Ward

Place of Business, 82 West St

Frank J Flannery. M. D.
Medical Attendant.

Address, 402 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 91329 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 29. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Lindner

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 22 *Days.*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 36 S. Mount St.

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Apr. 30/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 832 W. Pratt St.

T. J. Wilson *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 91330 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith M Wolf

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 2 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} Harlem ave & Mount St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Meningitis

Duration of Last Sickness, About 10 days —

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, May 1st 1886

Undertaker, Jos R Cook

Place of Business, No 707 W Baltimore St

M. D.

Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

Health Department, City of Baltimore.

Permit No. 91331 *Office of Registrar of Vital Statistics.* 1886 Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Lantz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} 90 S Durham St.

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, May 2nd 86

Undertaker, G. Franc[illegible]

Place of Business, [illegible] & Wolfe Sts

J. H. Collenberg M. D.
Medical Attendant.

Address, 344 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

Health Department, City of Baltimore.

Permit No. 91332 *Office of Registrar of Vital Statistics.* Ward 10

HEALTH DEPARTMENT APR 30 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

2

CERTIFICATE OF DEATH.

Date of Death, April 30, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Heimel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore;

Place of Death, {Give Street and Number.} 85 Castle St.

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, May 1 1886

Undertaker, G. Francis

Place of Business, Park & Wolfe Sts. *Address,* 344 E. Baltimore St.

J. H. Colburn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 91333 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 29/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed. H. Kalbfleisch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 15 *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 92 Elliot st.

Cause of Death, First (Primary), Senility

Second (Immediate), Lemorrhage

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, May 1st 86

Undertaker, G. F. France

Place of Business, 9 Park & Wolfe

R. W. Manfield M. D.
Medical Attendant.

Address, 50 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 9133 *Office of Registrar of Vital Statistics.* Ward 1 C1

HEALTH DEPARTMENT APR 30 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 29/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Henderson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 206 Bank St.

Cause of Death, First (Primary), Scarlatina Maligna

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cem. Phila. Road

Date of Burial, Apr. 30th 86

Undertaker, G. Francy

Place of Business, 1 Bank & Wolfe Sts *Address,* 52 S. Broadway

R. O. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 91335 Office of Registrar of Vital Statistics. Ward 21

HEALTH DEPARTMENT APR 30 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Beitler

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 4 *Years,* 2 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 yrs, 7 mo.

Place of Death, {Give Street and Number.} # 231 S. Bond St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Alfonzis Cemetery

Date of Burial, May 1st 1886.

Undertaker, Leonard Kurtz

Place of Business, 1132 S. Bond St. *Address,* 243 Alice Anna St

John H. Kelbergen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. ....

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 21336 *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT APR 30 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ellen Spencer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} ~~Male~~

Age, 27 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give Street and Number.} 16 Lemmon St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cem

Date of Burial, ~~April~~ May 1st 1886

Undertaker, John B Wright & Co

Place of Business, 298 Penna Ave *Address,* 86 W Lafayette St

..... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 9537. *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1886 BALTIMORE, MD.

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CERTIFICATE OF DEATH.

Date of Death, April 29/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kurtz.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* 7 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Measles -

Second (Immediate), Broncho - Pneumonia.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, New Castle Co. Del.

Date of Burial, May 1 1886

Undertaker, Hammond Lake

Place of Business, Division St.

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 91338 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Roderick Kakel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months.* 2 *Days*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 112 E. Lombard St.

Cause of Death, First (Primary),

Second (Immediate), Measles

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery.

Date of Burial, May 1st 1886

Undertaker, Evans & Spence

Place of Business, 60 E. Balto. St. *Address,* 75 E. Balt. St.

J. W. Hanck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91339 *Office of Registrar of Vital Statistics.* Ward 8

HEALTH DEPARTMENT APR 30 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Dond

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 4 St. Joseph's St.

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, 2 hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 2d

Undertaker, H. C. Windefeld

Place of Business, 100 Gremmit Ave

Edwin B. Fenby M. D.
Medical Attendant

Address, 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 91340 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 30 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29th. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Smith.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* ~~~ *Months,* ~~~ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Boatman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 183 Patterson Park Avenue

Cause of Death, First, (Primary,) ~~~

Second, (Immediate,) Phthisis Pulmonalis -

Duration of Last Sickness, About 4 Months

All the above information should be furnished by the Physician.

Place of Burial Baltimore City

Date of Burial. April 30th 86

Undertaker H. Lander & Son

Place of Business, 252 Caroline

N. L. Dashiell Jr. M. D., Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 91341 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 30 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29th — 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Gipson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 3 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give Street and Number.} Coal St No 5

Cause of Death, First (Primary), Patient seen but twice.

Second (Immediate), Cause unknown.

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 30 1886

Undertaker, William A Dugan

Place of Business, 62 East St

Wm P Johnson M. D.
Medical Attendant.

Address, University of Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91342 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 29 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lundberg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Insurance Presenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give Street and Number.} [redacted] 252 Argyle Ave

Cause of Death, First (Primary), [redacted] Ulcer

Second (Immediate), Chronic Asthma

Duration of Last Sickness, two years.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 2 1886

[signature] M. D.
Medical Attendant.

Undertaker, H Carter Fahey

Place of Business, 128 Lanvale St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91343 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. ORE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph S. Hughes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 8 *Months,* —— *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} 1

Occupation, Upholsterer -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 84 Fallsroon Ave

Cause of Death, First (Primary), Ph Thisis

Second (Immediate), Ex. & Collapse from Hemorrhage.

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, May 3/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 404 Druid Hill Ave

F. J. Flannery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9134 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 29/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Ford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days*

Color, Cd

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charles County Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 180 E Howard St

Cause of Death, First (Primary), —

Second (Immediate), Consumption

Duration of Last Sickness, 14 Months

All the above information should be furnished by the Physician.

Place of Burial, Charles St Cemetery

Date of Burial, May 1/86

Undertaker, Saml W. Chase

Place of Business, E Howard St

Jno T Clemens M. D.

~~Medical Attendant.~~

Address, Cor 26 & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Jno. E. Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9135 *Office of Registrar of Vital ~~Statistics.~~* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 29, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barnada Domino

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Laborer at Lake Clifton

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give Street and Number.} N Wolfe St near Baltimore Avenue

Cause of Death, First (Primary), Pneumonitis

Second (Immediate), Acute Tuberculosis.

Duration of Last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, May 1st 1886

Undertaker, James D Byrne

Place of Business, No 63 n Front *Address,* Baltimore Avenue

L. D. Martucci M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91546 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1886 BALTIMORE, MD

a

CERTIFICATE OF DEATH.

Date of Death, April 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bacigalupo

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baby

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give Street and Number.} 62 President St.

Cause of Death, First (Primary), Insanitary Surroundings

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, May 1 1886

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Chas Stolli M. D.
Medical Attendant.

Address, 5 Fountain St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91347 *Office of Registrar of Vital Statistics.* Ward 15th

HEALTH DEPARTMENT APR 30 1884 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha B. Retzsky

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 23 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1300 Eastern Ave

Cause of Death, First (Primary),

Second (Immediate), Meningitis Acute

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 2

Undertaker, B. Ward

Place of Business, 82 West St

by Theodore Cotta M. D.
Medical Attendant.

Address, 1116 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. .....

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7348 *Office of Registrar of Vital Statistics* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER'S DEPARTMENT APR 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ricardo R. Chipman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give Street and Number.} 57 S. Bond St.

Cause of Death, First (Primary), Organic Valvular Disease of Heart

Second (Immediate), Bright's Disease of Kidneys

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 2nd 1886

Undertaker, Henry H. Mitchell

Place of Business, 68 S. Broadway Address, 273 Lexington St.

John L. Phipps M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9349 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 30 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 29th 5:30 A.M. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clifton Anthony

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 15 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Did not have any / School Boy

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 80 & Bethel St

Cause of Death, First (Primary), Tetanus Lockjaw

Second (Immediate),

Duration of Last Sickness, Since April 21st

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, May 1st

Undertaker, John E Grace

Place of Business, 142 S. Caroline St. *Address,* 299 E Balto St

James E Daniels M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91350 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT MAY 1 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, April 30th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Boyce

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* — *Months,* — *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 162 Fairmount Ave

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Heart Failure

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, May 1st 1886

Undertaker, John Keneavy

Place of Business, 382 Columbia St

Chas. B. Leigh M. D.
Medical Attendant.

Address, 282 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9135 *Office of Registrar of Vital Statistics.* Ward 4 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 30 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Harriet & Henry Smith Parents

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 *Days*

Color, col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 28 Laurel St Ward

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1/86

Undertaker, Wm Dunger

Place of Business, East St *Address,* Canton Ave

Thos A Clemens M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Ed E Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91352 *Office of Registrar of Vital Statistics* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 30 April 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levin Shaw.

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 3 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 30 Chester St (South

Cause of Death, First (Primary), Born 7 Month pregnancy

Second (Immediate), Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 1st 1886

Undertaker, Daniel Lilly

Place of Business, West St. *Address,* 110 Baltimore St

T. S. Wood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAY 1 1886 REGISTERED

Permit No. 9353 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Haupt.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), Necrosis upper Jaw. Measles.

Second (Immediate), Sepsis

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 1 1886

Undertaker, Matthew Ondyan

Place of Business, 227 Mulberry St

R. He Goldsmith M. D.
Medical Attendant.

Address, Harlem av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 1 1886 BALTIMORE, MD.

5 11 / 13

Permit No. 91354

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elmer G. Hunter

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ___ *Years,* 1 *Months,* ___ *Days.*

Color, White — *Sex,* ___

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 356 N. Gay St

Cause of Death, { First (Primary,) ___ Second (Immediate,) Cyanosis Cyanosis

Duration of Last Sickness, 1 Life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Ct

Date of Burial, May 2nd 1886

{ *Undertaker,* Mr Finkelson { *Place of Business,* N. Gay S

J. Hynes. M. D.
Medical Attendant.

Address 137 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91355 *Office of Registrar of Vital Statistics.* Ward 13th

HEALTH DEPARTMENT MAY 1 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Benders

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 518 W. Pratt St.

Cause of Death, First (Primary), ...

Second (Immediate), Bronchitis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, May 1st 86 H. H. Hebner M. D.

Undertaker, John D. Pairo Medical Attendant.

Place of Business, 66 Bond St. *Address,* 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91356 *Office of Registrar of Vital Statistics.* Ward 7th

HEALTH DEPARTMENT 1896 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Donovan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} 240 N. Eden

Cause of Death, First (Primary), Chronic Alcoholism

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, May 3d 1896

Undertaker, Henry Hoeck

Place of Business, 309 N Eutaw St *Address,*

George Snyder M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT, MAY 1886 BALTIMORE MD.

Permit No. 9135 7 *Office of Registrar of Vital Statistics.* Ward 11 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5-1. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Farnau

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years* 7½ *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Indo

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give Street and Number.} 89 Monument alley

Cause of Death, First (Primary), Pertussis

Second (Immediate), Hydrocephaloid

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 2nd 1886

Undertaker, Alex Hensley

Place of Business, 116 Orchard St *Address,* 242 N Eutaw

Edw Janney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 91358 *Office of Registrar of Vital Statistics.* Ward 9½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 30 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Delany

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Gilder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland 40 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 103 Lexington St

Cause of Death, First (Primary), Morbus Brightii

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, May 2nd

Undertaker, F. M. Troll

Place of Business, 131 Hanover St. *Address,* 234 N. 18th bet

G. F. Saylor *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 91359

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
MAY 1 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Cole

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 808 Paris St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 808 Paris st

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate.) Measles

Duration of Last Sickness, Zero hours after first visit

All the above information should be furnished by the Physician.

Place of Burial, Sharpes Cemetery

Date of Burial, May 1st 1886

Undertaker, William Dunger

Place of Business, 62 East st Between Lombard & Towson

Alfred M. Belt M.D.,
Medical Attendant.

Address, 128 Cathedral st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 91360 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 1 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Apl 30 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 44 Douglas st

Cause of Death, First (Primary), Valvular Disease of Heart

Second (Immediate), Exhaustion

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Ever green Cemetery

Date of Burial, May 2 1886

Undertaker, Wilson & Longe

Place of Business, 62 East St

H. H. Gorman M. D.
Medical Attendant.

Address, 645 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 91361. *Office of Registrar of Vital Statistics.* Ward 11 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRY DEPARTMENT MAY 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah McCabe

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 10 *Days,*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Chestnut Alley.

Cause of Death, First (Primary), Scrofula

Second (Immediate), Catarrhal Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, May 1 1886

Undertaker William Younger

Place of Business, 62 East St

Chas. C Morehead M. D.
Medical Attendant.

Address, 307 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE MAY 1 1886 RECEIVED

Permit No. 9362 *Office of Registrar of Vital Statistics.* 1886 Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* —— *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 4th. Vincents.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Ex

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, May 2. 1886

Undertaker, Hammond Lake

Place of Business, Division St.

Frank J Flannery M. D.
Medical Attendant.

Address, 404 Dr. Stillman

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91363 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT MAY 1 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 84 Vincent Street

Cause of Death, First (Primary), Marasmus

Second (Immediate), Ex.

Duration of Last Sickness, 1 month.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, May 2. 1886

Undertaker, Harwood Lake

Place of Business, Division St.

F. J. Flannery M. D.
Medical Attendant.

Address, 404 Dr. Hill.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

Health Department, City of Baltimore.

Permit No. 9136 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT MAY 1 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

24

CERTIFICATE OF DEATH.

Date of Death, April 30 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Foran.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 9 *Months,* [illegible] *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Measles.

Second (Immediate), Broncho Pneumonia.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Texas Balto Co

Date of Burial, May 1st 1886 R. H. Goldsmith M. D.

Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 n Libert[illegible] *Address,* Harlem av & Calvin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within [illegible]enty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause [illegible]late of death.

413 Franklin

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91365 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 1 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 30-86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances E. Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 9 Months, Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 20 Plum alley

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1st 1886

Undertaker, Geo. Perkins

Place of Business, 221 Hanover *Address,* 177 Sharp St.

C. L. Bond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 91366 *Office of Registrar of Vital Statistics.* Ward 14th

HEALTH DEPARTMENT MAY 1 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, April 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Brennan Ward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, / *Years,* 6 *Months,* 14 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} /

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 84 N. Arlington Ave

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bon S. Brae

Date of Burial, May 2nd 1886

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette

John Neff M. D.
Medical Attendant.

Address, 306 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9136 7 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the procuration of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 1 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lindenstruth

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Thirty Two Years,

Place of Death, {Give Street and Number.} 218 S. Bethel st.

Cause of Death, First (Primary),

Second (Immediate), Consumption,

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Mathews cem

Date of Burial, May 3d 86

Undertaker, Mc Sanders & Son

Place of Business, 352 Eastern Address, 207 S Broadway

Nicholas L Dutkill, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9/368 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 30 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* 7 *Months,* — *Days*

Color, /

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} /

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 214 S Wond

Cause of Death, First (Primary), Chronic bronchial Catarrh

Second (Immediate), Asthenia Dropsy

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, M. E. Evangelical

Date of Burial, May 2d 86

A. R. Thorel M. D.
Medical Attendant.

Undertaker, H. C. Sanders & Son

Place of Business, 262 Canton Av *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91369 *Office of Registrar of Vital Statistics.* Ward 5

HEALTH DEPARTMENT, MAY 1 1886 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, April 30 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Carey

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 54 *Years,* — *Months,* — *Days*

Color, Negro

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give Street and Number.} 146 Chestnut St

Cause of Death, First (Primary), Pulmonary oedema

Second (Immediate), Asphyxia

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 2 - 1886

Undertaker, W. H. Madden

Place of Business, 46 East Pratt

D. Stutt M. D.
Medical Attendant.

Address, 143 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

MAY 1, 1886

BALTIMORE

Permit No. 91370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Shumwood

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, About 3 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 63 Chuna-

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of last Sickness, About 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 2 1886

Undertaker, H Ross

Place of Business, 96 Eau Way St

Henry Chandlee M. D.
Medical Attendant.

Address, 181 Lundun Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9137 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Leachofsky

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, (60) Sixty *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Gardener

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Poland — In America 2 years

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} St. Joseph's Hospital

Cause of Death, First (Primary), Cancer of Stomach

Second (Immediate), Exhaustion

Duration of Last Sickness, Seven (7) months

All the above Information should be furnished by the Physician.

Place of Burial, Private Home

Date of Burial, 2nd of May 1886

Undertaker, M. E. Ellman

Place of Business, 181 Schapt st

Oscar J. Coskery M. D.
Medical Attendant.

Address, St. Joseph's Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 91372 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 30th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Simmons

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md,

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give Street and Number.} # 3 Stockholm St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetary

Date of Burial, May 2/1886

Undertaker, Armstrong Bros

Place of Business, 263 Light *Address,* 243 Hice Ennals Av.

John A. Kellberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 91373 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Mather

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give Street and Number.} 155 Mount St

Cause of Death, First (Primary), Phthysis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 3rd 86

Undertaker C. H. Bluyett

Place of Business, Penna Ave. *Address,* 180 Fayette St

W. N. Crim *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of th...

Health Department, City of Baltimore.

Permit No. 91374 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 9 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 48 Peach alley

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 2 1886.

Undertaker, J. W. Chase

Place of Business, 108 Howard st

R. M. Carr *M. D.*
Medical Attendant.

Address, 262 Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 91375 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 1. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Forest

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 14 *Years,* 1 *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 10 Penn Alley Baltimore Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 18 Cedar Row

Cause of Death, First (Primary), Acute Gastritis

Second (Immediate), Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 2 1886

Undertaker, S H Chase

Place of Business, 58 Howard St

Geo. C. Shannon M. D.
Medical Attendant.

Address, 331 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 91376 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hollins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 4 yrs 11 mos.

Place of Death, {Give street and Number.} 245½ Hughes St.

Cause of Death, First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,) Coma

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Shark's Timber

Date of Burial, May 4 1886

Undertaker, [illegible]

Place of Business, [illegible]

Richd. Stanforth M. D.,
Medical Attendant.

Address, Cor. Lee & Hanover Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91377 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nat. Joseph Mulligan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow or Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 50 Harford Ave.

Cause of Death, First (Primary), Measles

Second (Immediate), Croup

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 2d

Undertaker, H. E. Winkelfeld

Place of Business, 100 Greenmit Ave *Address,*

Thos. Brooke Bayly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91378 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, April 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Wallace

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give Street and Number.} 78 E. Lombard

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 2d

Geo. B. Reynolds M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 100 Guilford Ave *Address,* 171 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C[illegible]

Health Department, City of Baltimore.

Permit No. 41379 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philophina Weber

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 70 Holland St.

Cause of Death, First (Primary), Indigestion

Second (Immediate), old age

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemetery

Date of Burial, May 2nd 1886

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline

Francis A. Sauer M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 41380 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, April 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Gillis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} # 8 St Peter St Balto.

Duration of Residence in the City of Baltimore, White

Place of Death, {Give Street and Number.} # 8 St Peter St

Cause of Death, First (Primary), Measles

Second (Immediate), Bronchitis

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 2nd 1886

Undertaker, F. H. Troll

Place of Business, 131 Hanover *Address,* 106 Columbia

E. C. Smith M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9831 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

9138

CERTIFICATE OF DEATH.

Date of Death, April 30th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph Herman Koeahs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* 9 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 14 W Lombard St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, May 2d

Undertaker, H. Dilkes

Place of Business, 154 S. Bond *Address,* 171 N Calvert St

Geo. S. Rogers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 91382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30. 1886.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Kelleher,

Sex, Male or Female, { Cross out the word not required in this line. } F.

Age, 3 *Years,* *Months,* *Days.*

Color, Blk *Sex,* F.

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 11 Fawcett st,

Cause of Death, First (Primary,) Could not ascertain Moribund when seen

Second (Immediate,) Convulsions

Duration of Last Sickness, Do not know

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, May 2 1886

J. L. Ryle M. D.
Medical Attendant.

Undertaker, Alf Hemsley

Place of Business, 116 Orchard St Address 247 Fawcett st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

For Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 21383 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 — *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1- Eagle St

Cause of Death, First (Primary), Eclampsia

Second (Immediate), Effusion

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Ridge Hill Private

Date of Burial, May 3d 1886

Undertaker, S. W. Leonard & Son

Place of Business, 711 W Baltimore St

B. F. Phillips M. D.
Medical Attendant.

Address, 711 W Lombard St

Extract from Regulations of the Board of Health to secure a full and oorrect record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 91384 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5-1-86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Gould

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 25 *Years,* 6 *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cigar Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give Street and Number.} 201 Milton St

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Asphyxia

Duration of Last Sickness, 1 Mo

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, May 3rd/1886

Undertaker, Wm. Cadogan

Place of Business, 227 Mulberry St

L. L. Billings M. D.
Medical Attendant.

Address, 46 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91385 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown Robt Conger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 34 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 21 Years

Place of Death, {Give Street and Number.} Jones Falls. Stad of East Jackson

Cause of Death, First (Primary), Jumping over board

Second (Immediate), Drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pratt Cemetery

Date of Burial, May 21 '86

Undertaker, Geo. Rinehart

Place of Business, Health Dept *Address,* 19 N Broadway

E. Hall Richardson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 91386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29—

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Stockin—

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} 76 N. Dunham L

Cause of Death, First (Primary,)

Second (Immediate,) Cancer of the Liver

Duration of Last Sickness, 18 months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross. Cem. D J Gross M. D.

Date of Burial, May 3. 1886. Medical Attendant.

Undertaker, Henry McC Sinns Address 137 Orleans St

Place of Business, 1786 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Health Department, City of Baltimore.

Permit No. 91387 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 2 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michal Myers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43

Place of Death, {Give Street and Number.} 603 Ramsay st

Cause of Death, First (Primary), Rheumatism of the heart

Second (Immediate), Exhaustion

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Loudan Park Cem

Date of Burial, May 3d 86

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 227 Hanover st

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 21388 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT MAY 3 1886

The Physician who attended any person in x last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulie Holsman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Co.

Duration of Residence in the City of Baltimore, Five months.

Place of Death, {Give Street and Number.} 109 S. Gilmor St

Cause of Death, First (Primary), Diphtheria (Malignant)

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 3d 1886

Undertaker, S. M. Leonardson

Place of Business, 782 W. Baltimore *Address,*

H. H. Goodman M.D. M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this [illegible]

Health Department, City of Baltimore.

Permit No. 91389 *Office of Registrar of Vital Statistics.* Ward 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 3. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Luider

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 3 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 90 Perkin st

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, since birth.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 3

Undertaker, Jos Goerdens & Son

Place of Business, 6 E. Pratt st *Address,* 20 & W. Lombard

F. Ulwall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91390 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Lucas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* 11 *Months,* 23 *Days*

Color, Black

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Labourer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 160 Pine St

Cause of Death, First (Primary), Pulmonary Emphysema

Second (Immediate), Acute Pulmonary Congestion

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet St Cem

Date of Burial, May 3rd 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard St

A. Oswald *M. D.*
Medical Attendant.

Address, 2822 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 91391 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE RECEIVED

a

CERTIFICATE OF DEATH.

Date of Death, 5/1/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 208 Pine

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Dharp St Cem

Date of Burial, May 3d 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard St *Address,* 349 Lex

R. M. Eastman *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this [illegible]

Health Department, City of Baltimore.

Permit No. 21392 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, May 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Daughaday

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* — *Months,* — *Days*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Mechanic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 420 N Bond St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 4th 1886

Undertaker, Wm Deaver

Place of Business, 1202 N. Eutaw

J. L. Chaires M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT
MAY 3 1886

Permit No. 91393 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, May 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus Dodge Swan

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 92 N. Chester St.

Cause of Death, First (Primary), 7 Months pregnancy - fever

Second (Immediate), Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 3rd 1886

Undertaker, Daniel Flynn

Place of Business, 109 West St

Augustus W. Dodge M. D.
Medical Attendant.

Address, 110 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91394 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sally F. Bolgiano

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give Street and Number.} 195 Eastern Av

Cause of Death, First (Primary), Melancholia

Second (Immediate), Abdominal Hemorrhage

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Monday May 3rd at 10 am

Undertaker, Denby & Mitchell

Place of Business, 556 N. Fayette St *Address,* 582 N. Fayette

W. R. McKeen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAY 3 1886 BALTIMORE MD.

Permit No. 91395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah W Cullum

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 78 *Years,* June *Months,* 10 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Minister of the Gospel

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Louden County Va

Duration of Residence in the City of Baltimore, 60 years.

Place of Death, {Give street and number} 167 North Stricker St

Cause of Death, {First, (Primary,) old Age

Second, (Immediate,) Severe Cold involving the lungs & stomach & bowels resulting in pne

Duration of last Sickness, about 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 3. 1886

Undertaker, Wm. H. Hickman.

Place of Business, 284 N. Gay St.

E. N. Lee M. D.
Medical Attendant.

Address, 122 N Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21396 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 1st. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R. Hopkins.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give Street and Number.} 211 Maryland Ave.

Cause of Death, First (Primary), Gradual failure of Heart's Action

Second (Immediate), Asthenia.

Duration of Last Sickness, Several weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, May 3rd 1886

Undertaker, Henry Smith Kerr

Place of Business, Park & Saratoga

Henry Hunt, M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91397 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes Herbert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 6 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 216 E. Chase St.

Cause of Death, First (Primary), Puerperal Eclampsia

Second (Immediate), Coma

Duration of Last Sickness, 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, May 5, 1886

Undertaker, Henry Hoen

Place of Business, 309 Penna. Ave. Address, Cor Cay & Fairlie

W. Hood M. D.
Medical Attendant.
Post

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91398 *Office of Registrar of Vital Statistics.* Ward 2 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Morrison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 11 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, 3 mo & 11 days

Place of Death, {Give Street and Number.} 229 Canton Ave

Cause of Death, First (Primary), Marasmus

Second (Immediate), Convulsions

Duration of Last Sickness, 3 mo. & days

All the above information should be furnished by the Physician.

Place of Burial, St Evangelical

Date of Burial, May 3d 1886

Undertaker, H. Sanders & Son

Place of Business, 252 Canton Av

Wm H. Norris M. D.
Medical Attendant.

Address, 137 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91399 *Office of Registrar of Vital Statistics.* Ward 1 4

HEALTH DEPARTMENT MAY 3 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. F. Seedebohl

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 56 *Years,* 7 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Engineer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give Street and Number.} 254 Eastern Ave

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews

Date of Burial, May 3rd 1886

Undertaker, H. Sinden & Son

Place of Business, 502 Canton Ave

Tho. B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Returns below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 21400 *Office of Registrar of Vital Statistics,* Ward 7a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1900 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin S. Cummins

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 19 *Years,* — *Months.* 27 *Days*

Color, W

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.} S

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give Street and Number.} 3567 N. Bond

Cause of Death, First (Primary), Pulmonary Hemorrhage

Second (Immediate), Asthenia

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, May 5th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Irving Miller M. D.
Medical Attendant.

Address, 179 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91401 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Kusaczk

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany (35 yrs in America

Duration of Residence in the City of Baltimore, 35 yrs —

Place of Death, {Give Street and Number.} St. Joseph's Hospital

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 3 mos —

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, May 3. 1886

Undertaker, H. W. McGinniss

Place of Business, W. Central av *Address,* 108 N. Calvert St.

Oscar J. Lostroy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91402 *Office of Registrar of Vital Statistics.* Ward 37

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 1/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Herring

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 8 *Months,* ..... 12 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 48 S. Wilkens Ave.

Cause of Death, First (Primary), Convulsions (Suddenly)

Second (Immediate), ...

Duration of Last Sickness, Half hour

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius Cem.

Date of Burial, May 3rd 86

Undertaker, G. D. France

Place of Business, Park & Walnut *Address,* 50 & 52 Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1403

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91403 *Office of Registrar of Vital Statistics.* Ward 1 C1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 2, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Galbreath

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... *Days*

Color, White 10 minutes

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 266 E. Pratt St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St. Mary's County

Date of Burial, May 4th 86

Undertaker, E. Francis

Place of Business, Bank & Wolfe Sts. *Address,*

J. H. Tuttle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4176 Fremont

[over.]

The Special Attention of Physicians is respectfully invited to the Items as below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21404 *Office of Registrar of Vital Statistics.* Ward 10th

HEALTH DEPARTMENT MAY 3 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 2d 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Kuhn.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days*

Color, White.

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prussia.

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give Street and Number.} 195 Pierce st.

Cause of Death, First (Primary), asthma, abscess near Rectum &c.

Second (Immediate), Exhaustion.

Duration of Last Sickness, many years.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, May 4 1886

Undertaker, A Rosenbaum

Place of Business, 70 Hanover st

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91405 *Office of Registrar of Vital Statistics.* Ward 11

HEALTH DEPARTMENT MAY 3 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William West

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* / *Months* / *Days*

Color, cd

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 27 St Mary St

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 3/86

Undertaker, Alex Hensley

Place of Business, Orchard St *Address,* Carey 76 & 82

Samuel Steiner M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. —[OVER.]

Geo E Bowen
Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 61406 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta, A. Steinfeltes

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* 4 *Months.* 2 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hanover, Germany.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give Street and Number.} 72. S. Monroe st.

Cause of Death, First (Primary), Duodenal catarrh,

Second (Immediate), Abscess of liver

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, May 4th 1886

Undertaker, Jos. B. Cook

Place of Business, No 707 W Baltimore

J. Henry Hoffmann M. D.
Medical Attendant.

Address, 279 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91407 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam C. Raabe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* —— *Months,* —— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give Street and Number.} 556 W. Lombard St.

Cause of Death, First (Primary), Fracture at base of skull

Second (Immediate), Rupture of Left Artery

Duration of Last Sickness, Died suddenly by being thrown from a wagon

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, May 4th 1885

Undertaker, Jos B. Cook

Place of Business, No 707 N. Baltimore St

D. Morris M. D.
Medical Attendant.

Address, 538 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9408. *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Viola Wallace.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Eight *Years,* ——— *Months.* ——— *Days*

Color, Colored.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Maryland

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} 142½ N. Calvert St.

Cause of Death, First (Primary), Acute Rheumatism.

Second (Immediate), Endocarditis.

Duration of Last Sickness, about two months.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 4 1886

Undertaker, Margam & Pyle

Place of Business, 19 Mulberry St

Edward E. Mackenzie M. D.
Medical Attendant.

Address, 69 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91409 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustavus Peter Bahnlein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~_____~~ *Years,* 10 *Months,* ~~_____~~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 12 Randall St

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, H. Alyson, C.

Date of Burial, May 4

Undertaker, B. Ward

Place of Business, 82 West St

Robert S. Lowe M. D.
Medical Attendant.

Address, 933 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 9410 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 3 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 2 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Josler

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, *Years,* 10 *Months.* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 108 N. Wolfe St

Cause of Death, First (Primary), Cerebral Effusion

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 4th 1886

Undertaker, Fred Gaede

Place of Business, 229 S. Caroline *Address,* 234 N. Bond

C. F. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91411 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 3 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Campbell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 80 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years.

Place of Death, {Give Street and Number.} 34 E. Eager St.

Cause of Death, First (Primary), Fatty degeneration & dilatation of Heart.

Second (Immediate), ~~Pneumonia~~ Paralysis of Heart

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cemetery

Date of Burial, May 4th

Undertaker, H. A. Winchfield

Place of Business, 100 Greenmt Ave

Wilson Linton M. D.
Medical Attendant.

Address, Chas St & Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9141 2 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 1st 7.55 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Philip Coogan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 36 *Years,* — *Months,* — *Days*

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single. ✓

Occupation, Moulder.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give Street and Number.} 129 E. Eager St.

Cause of Death, First (Primary), Alcoholism. Catarrh. Pneumonia.

Second (Immediate), Diarrhoea. Gastro Enteritis

Duration of Last Sickness, About 1 Week.

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, May 3 / 86

Undertaker, H. C. Wiedefeld

Place of Business, 108 Greenmt Ave *Address,* 102 E Chase St

Jos. B. Saunders M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91413 *Office of Registrar of Vital Statistics,* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
MAY 3 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice R. Lupis

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 21 yrs

Place of Death, {Give Street and Number.} Maryland General Hospital

Cause of Death, First (Primary), General debility

Second (Immediate), Pernicious Anaemia

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, May 4

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

William Lee M. D.
Medical Attendant.

Address, 339 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9141 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 15. 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Gittings

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* — *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, Many Years

Place of Death, {Give Street and Number.} 18 Hulls Lane

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Uraemia Coma

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, April 17th 95

Undertaker, J. J. Lookes

Place of Business, 72 Jefferson St *Address,* 115 W Lanvale

Whitfield Winsey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91415 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Rosenberger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} House of the Good Shepherd

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 4th 1886

Undertaker, J. B. Cook

Place of Business, 70 J. St Balto

Edw F. Michael M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 91416 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 4 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilbert Snavely

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 475 N Mont

Cause of Death, First (Primary), Measles

Second (Immediate), Membranious Croup

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 4

Undertaker, C H Blizzard

Place of Business, 241 W Pratt

G W Ames M. D.
Medical Attendant.

Address, 193 Printman

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 9147 *Office of Registrar of Vital Statistics.* Ward 11 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 3: 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie May La Fleur

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Fem

Age, 5 *Years,* 9 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 184 Boston st

Cause of Death, First (Primary), Measles

Second (Immediate),

Duration of Last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 4th 1886

Undertaker, Dietrick Wiegand

Place of Business, 166 Druid Hill Ave *Address,* 201 [illegible]

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9418 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Brady

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hack Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 27 yrs.

Place of Death, {Give Street and Number.} 36 E Chase St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, May 5th 1886

E. C. Gibbs M. D.
Medical Attendant.

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St *Address,* 136 E. Jones St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91419 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 2d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Flemming

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* 6 *Months,* 18 *Days*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} 59 Hanover

Cause of Death, First (Primary), Stone in bladder

Second (Immediate), General debility

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk Cemetery

Date of Burial, May 4th

Undertaker, F. H. Holl

Place of Business, 131 Hanover St. *Address,* 170 S. Sharp St.

Wm Lembel *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 71420 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 5/3/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Scott

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 101 Orchard

Cause of Death, First (Primary), Meningitis,

Second (Immediate), Heart disease

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mark's St Cem

Date of Burial, May 5th 1886

Undertaker, Wm Hemsley

Place of Business, 116 Orchard St *Address,* 172 Franklin

Geo A Fleming M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 9142 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3/86,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Jefferson Brown.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Jeweler.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, nearly for life.

Place of Death, {Give Street and Number.} 1140 N. Gilmor St.

Cause of Death, First (Primary), Chronic Dyspepsia.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery.

Date of Burial, May 5th 86.

Undertaker, Henry Justice Howe

Place of Business, Park & Laraby

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem av. & Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9422 *Office of Registrar of Vital Statistics.* Ward 20½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Galloway

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* *Months.* 12 *Days.*

Color, colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 3 Shields alley

Cause of Death, First (Primary), No diagnosis attainable

Second (Immediate), Asthenia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, May 4 1886

Undertaker, H. Ross

Place of Business, 45 East Way *Address,* 279 W. Fayette St.

J. Jones Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91423 *Office of Registrar of Vital Statistics.* Ward 9 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis L. Murphy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 97½ Lexington St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 97½ Same as the

Cause of Death, First (Primary), Premature Birth-Jaundice

Second (Immediate), of Gestation 8 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Govanstown

Date of Burial, May 4th 1886

Undertaker, Matthew Corrigan

Place of Business, 227 Mulberry St *Address,*

Edward Pallozzi M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9145 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2 1866

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William C. Gutsch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 11 Months, 6 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 205 S. Schroeder St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, May 4 1866

Undertaker, H. Alberger & Son

Place of Business, 252 Canton Ave

M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91425 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 4 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 3d, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Kramer

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 2 *Years,* 3 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation, ~~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 20 Plattefoot Alley

Cause of Death, First (Primary), Measles

Second (Immediate), Convulsions

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, May 4. 1886

Undertaker, H. Schnebly Son

Place of Business, 252 Canton Ave

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91426 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday May 2nd, 96.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. Coleman.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Stone Cutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto - Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 149 Greenmount Ave,

Cause of Death, First (Primary), Acute Congestion of Brain with Coma.

Second (Immediate), Exhaustion

Duration of Last Sickness, 16 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 4th

Undertaker, H. C. Wiedefeld

Place of Business, 100 Greenmount Ave

Wilmer Brinton M. D.
Medical Attendant.

Address, Chas St & Fremont Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91427 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 13/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Fidix Pascault.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* / *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Rubeola

Second (Immediate), Bronchitis

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Eastern Ave

Date of Burial, May 14th '86

Undertaker, J. E. Young

Place of Business, 129 S. Eutaw

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

4181 Transcript

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91428 *Office of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 3d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Prince

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* 3 *Months,* 6 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N. Y. lady

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give Street and Number.} # 381 Scott St

Cause of Death, First (Primary), Epilepsy

Second (Immediate), Anaemia

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, May 6th 86

Undertaker, W. B. Cooke

Place of Business, 732 W. Balto.

D. Cluck M. D.
Medical Attendant.

Address, 106 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9142 9 *Office of Registrar of Vital Statistics.* Ward 12 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 4 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alphonso Megue.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Pilot

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} E Lombard bet Duncan st.

Cause of Death, First (Primary), Pernicious Fever

Second (Immediate), Meningitis

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Odessa Delaware

Date of Burial, May 5th 1886

Undertaker, M A Dwyer Bty

Place of Business, 74 S. Bwy.

G. G. Luck M. D.
Medical Attendant.

Address, Balt. & Bank. sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

4179 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91430 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah MacQueen

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* 9 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England 43 years

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give Street and Number.} N. 279 S. Calvert St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Cincinati Ohio

Date of Burial, May 6th 1886

Undertaker, Stewart & Merwen

Place of Business, ~~35 Park ave~~ 44 Royal & Boundary aves *Address,* No 279 S. Charles St

Thomas Shrager M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

4182 Transit

Board of Health, City of Baltimore,

Permit No. 91431 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Peckhoek.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give street and Number.} 111 Pennsylvania Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 5th 1886

Undertaker, Wm. Weaver.

Place of Business, 202 N. Eutaw

Wm Reily M. D.,
Medical Attendant.

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9432 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 2d 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Morici

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, May 2nd 1886

Undertaker, Jas P Byrne

Place of Business, 63 Penn

William A Gardner M. D.
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 97433 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Speaks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* ——— *Months,* ——— *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saw-man

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Fredericksburg Md.

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give Street and Number.} 65 S. Charles St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Shorpe St Cemetery

Date of Burial, May 4 1886

Undertaker, William N Dunger

Place of Business, 62 East St

H H Gastman M. D.
Medical Attendant.

Address, 349 Lurel

Extract from Regulations of the Board of Health to secure a full and oorrect record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91434 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 3" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugenia S. Hill

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 21 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Dur Life

Place of Death, {Give Street and Number.} 97 Randall st

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 6

Undertaker, B. Mell

Place of Business, 52 West St *Address,* 110 Fort ave

C. A. Cooke M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91435 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Lachen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 2 yrs 6 Mo

Place of Death, {Give Street and Number.} 377 Scott St

Cause of Death, First (Primary),

Second (Immediate), Inflammation of Brain

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 4

Undertaker, B. Wilcox

Place of Business, 82 West St

R. C. Lee M. D.
Medical Attendant.

Address, Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91436 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A E. M Mullen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 235 N Calvert

Cause of Death, First (Primary), Apoplexy Cerebral

Second (Immediate), Cerebral hemiplegia

Duration of Last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 7th May 1886

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts *Address,* 17 N Calvert St

Geo. B. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9143 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Harrison

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, c d

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 162 n Spring st

Cause of Death, First (Primary), Dropsy

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5th 1886

Undertaker, S J Forbes

Place of Business, 33 Jefferson st

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...[illegible]... Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91438 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1886

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Frederick and Clara Hendricks

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months.* 8 hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore ct,

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 11th & 71 E. Pratt st,

Cause of Death, First (Primary), Was not fully developed not quite 7 Months

Second (Immediate),

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmeal Cemetery

Date of Burial, May 5th 1886

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline st *Address,* 12 S. Eden st

L D Whitbeck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91439 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Gardner

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* 2. *Months,* ..... *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} N. W. Child's Hospital

Cause of Death, First (Primary), Mal-Nutrition

Second (Immediate), Whooping Cough. 4 Mos.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 5

Undertaker, C. W. Lazenby

Place of Business, 251 W. ..... *Address,* .....

C. F. Bevans. *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91440 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 3. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Y. Underwood

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 81 *Years,* 7 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} #30 Asquith St.

Cause of Death, First (Primary), Cerebral softening

Second (Immediate), Paralysis

Duration of Last Sickness, 2 or 3 years

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 5. 1886

Geo. A. Hartman M. D.

Undertaker, Wm. H. Hickman Medical Attendant.

Place of Business, 234 N. Gay St. *Address,* #302 N. Carolin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91441 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, May 4th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Hoff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. ✓

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} # 385 W. Pratt st

Cause of Death, First (Primary), Meningitis

Second (Immediate), Prostration

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 6th 1886

C. L. Buddenbohn M. D.
Medical Attendant.

Undertaker, Geo. Leonhardt

Place of Business, 389 W Pratt st *Address,* 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91442 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, May 4 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Mix

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* 5 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, L. B.

Place of Death, {Give Street and Number.} 170 Scott St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 7th 1886

Undertaker, Geo. Lennbach

Place of Business, 389 W. Pratt St *Address,* 158 Pratt St

Geo R Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91443 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Riley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 Years. *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 178 N. Front St.

Cause of Death, First (Primary), Rheumatism

Second (Immediate), + Heart Disease

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 5th

Undertaker, H. C. Wiedefeld

Place of Business, 100 Greenmount Ave

Edwin B. Fenby M. D.
Medical Attendant.

Address, 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 9144 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valery Johnson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, — *Years,* 17 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 196 S Gruby St

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, May 5th

Undertaker, J. D. Mc[illegible]

Place of Business, 161 S Bond

Wm B Sellman M. D.
Medical Attendant.

Address, 46 N Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9445 *Office of Registrar of Vital Statistics.* **Ward** 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, May 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wiebert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 11 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} . . . .

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 186 Sterling St

Cause of Death, First (Primary), Acute Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, May 7th 1886

Undertaker, Harry Hook

Place of Business, 309 N. Eutaw St. *Address* Eager & Carlisle

J. W. Bloser M. D.
Medical Attendant.

May 5th 1886

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91446 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 4th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* *Months,* *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. Co.

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} 138 So. Durham

Cause of Death, First (Primary), Consumption

Second (Immediate), asthenia

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 6th 86

Undertaker, C. J. Kennedy.

Place of Business, 116 Archard Address, 77 N. Broadway

Geo. L. Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91447 *Office of Registrar of Vital Statistics.* Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lynch.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days*

Color, White —

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Phthisis.

Second (Immediate), Exhaustion —

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, May 6. 1886

Undertaker, Harwood Lake

Place of Business, Division St

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harbon av & Caltons Pl

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91448. *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Millie Lawrence.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. vincents Infant asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 months.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cem.

Date of Burial, May 6. 1886

Undertaker, Raymond Lake

Place of Business, Division St

R. McGoldsmith M. D.
Medical Attendant.

Address, Harlem ave & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91449 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Justina Oppelt

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany. 5 years -

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 4 E. Baker St.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Exhaustion

Duration of Last Sickness, 12 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsus

Date of Burial, May 6th

Undertaker, Andrew Ruhde

Place of Business, 48 Penna ave

J. Rickert M. D.
Medical Attendant.

Address, 375 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91450 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4 / 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth M. R. Lemmert

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 343 Hoffman St.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 6

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

J. H. Kelly M. D.
Medical Attendant.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91457 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lupik

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 44 Abbott st.

Cause of Death, First (Primary), Pleuro Pneumonia

Second (Immediate),

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, St Johns R C

Date of Burial, May 6/86

Undertaker, Frank Gaach

Place of Business, 349 N Durham

J. H. Collenberg M. D.
Medical Attendant.

Address, 344 E Balto. st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91432 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincent P Sheldon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* 2 *Months,* 11 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Widower

Occupation, Brickmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Over 50 years

Place of Death, {Give Street and Number.} Fulton South of Wilkins av

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 6th 1886

Undertaker, Leo H. Loeb

Place of Business, No 707 W. Baltimore *Address,* 309 Fallsway

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91453 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugo Wall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* 12 *Days*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 449 S. Sharp St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 6th 1886

Undertaker, Mullins & Koehler

Place of Business, Sharp & Cross Sts *Address,* 170 S. Sharp St

Wm Gould *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91457 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 5 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Meyd

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} # 36 Hill st

Cause of Death, First (Primary), Jaundice

Second (Immediate), Prostration

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer.

Date of Burial, May 6

Undertaker, B. Hoake,

Place of Business, 82 West 94

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 91453 *Office of Registrar of Vital Statistics* Ward 13

HEALTH DEPARTMENT
MAY 6 1886
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5 - 1886

Full Name of Deceased, {Write legible and spell correctly. If an Infant not named, give names of parents.} Gilbert Edward Sonnenburg

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days,*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 10 S. Green St

Cause of Death, First (Primary), Pneumonia —

Second (Immediate). Asthenia —

Duration of Last Sickness, 1 week —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 7th

Undertaker John P. Paulsons

Place of Business, 66 Frederick ave

C. C. McDowell M. D.
Medical Attendant.

Address, 338 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91456 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Bergner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 32 Knox alley

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia.

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 6th

Undertaker, Jos Goedens & Son

Place of Business, 5 E. N. Schroeder *Address,* 298 W. Lombard St.

H. W. Webber M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9145 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 5 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 5th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rich. C. Chamberlayne

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* —— *Months,* —— *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} America

Duration of Residence in the City of Baltimore, Not known for 12 yrs.

Place of Death, {Give Street and Number.} 175 N. Exeter St.

Cause of Death, First (Primary), Phlegmonous itis of abdomen

Second (Immediate), Exhaustion

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Int Carmel

Date of Burial, May 6/86

Undertaker, Chas B Fry

Place of Business, 51 N Broadway *Address,* 131 N. Exeter St.

Frank C Bressler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 91458 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the prescribed return of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. MAY 6 1886

CERTIFICATE OF DEATH.

Date of Death, May 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Mayer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Lawyer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death. {Give street and Number.} 373 Park ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Supposed embolism.

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 7th May 1886

Undertaker H. W. Jenkins & Sons

Place of Business, Park & Saratoga st

Wm. S. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91459 *Office of Registrar of Vital Statistics.* Ward 13th

HEALTH DEPARTMENT MAY 6 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John N. Hudgins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* ~~*Months,*~~ ~~*Days*~~

Color, Dark brown

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 76 Roberts Alley

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Spring St. Cemetery

Date of Burial, May 7th 1886

Undertaker, Alex Hamaly

Place of Business, 116 Orchard st

F. B. Gaudens M. D.
Medical Attendant.

Address, 128 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91469 *Office of Registrar of Vital Statistics,* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED MAY 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Allen

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 22 *Years,* 7 *Months,* ~~Days~~

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Coachman.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 65 Orchard

Cause of Death, First (Primary), Phthisis Pulmonalis,

Second (Immediate), Gradual exhaustion

Duration of Last Sickness, He had about 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 8 1886

Undertaker, J Hunsley

Place of Business, 1160 Charles

Geo. G. Jay M. D.
Medical Attendant.

Address, 75 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9146 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 6 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Chandler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 0 *Years,* 7 *Months.* 2 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 306 Montgomery St.

Cause of Death, First (Primary), Hydrocephalus

Second (Immediate), Don't Know

Duration of Last Sickness, about 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 6 1886

Undertaker, Hercules Rass

Place of Business, 94 Eastern Ave

Spencer H. Free M. D.
Medical Attendant.

Address, Polyclinic
112 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91462 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Brady

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 208 Light St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 6th 1886

Undertaker, C.T. Krause & Son

Place of Business, 209 Hanover

J. C. Burch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91463 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 6 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan L. Walsh

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hancock, Md

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give Street and Number.} 11 S. Broadway

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 7th 1886

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

John N. [illegible] M. D.
Medical Attendant.

Address, 202 N Caroline ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9146 *Office of Registrar of Vital Statistics.* Ward 5 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Green

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days*

Color, C

~~Married, Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} ✓

Occupation, No

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 20 Fulton

Cause of Death, First (Primary),

Second (Immediate), Heart Disease

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 6th 1886

Undertaker, J. H. Woods

Place of Business, 73 Jefferson st

J. H. Patton M. D.
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21465 *Office of Registrar of Vital Statistics.* Ward 6 2

HEALTH DEPARTMENT MAY 6 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Teggs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 168 E. Fairmount Ave.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Paralysis

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, May 6th 1886

Undertaker, H. Gander & Son. G. G. Luck M. D.
Medical Attendant.

Place of Business, 252 Caroline St. *Address,* Balt. & Wolfe Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9/466 *Office of Registrar of Vital Statistics.* Ward 22 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 5/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L. Sharpe

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, (*Years,* 8 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto - city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} N. W. Cor. Mey & Eastern

Cause of Death, First (Primary),

Second (Immediate), Pneumania

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, May 7th 1886

Undertaker, H. Sanger Son

Place of Business, 252 Caroline *Address,* 50 & Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91467 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret L. Wallach

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

~~*Married,*~~ *Single, Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Alexa = Virginia

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give Street and Number.} 206 N. Arlington ave

Cause of Death, First (Primary),

Second (Immediate), Pleurisy of Heart

Duration of Last Sickness, Sunday

All the above information should be furnished by the Physician,

Place of Burial, Mt Olivet Cem

Date of Burial, May 6" 1886

Undertaker, Denny & Mitchell

Place of Business, 580 W Fayette St *Address,* 582 W. Fayette

W R Mckeen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91468 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Ledyer

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 3 *Years,* 7 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 2 Federal st or Aisquith

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 7th

Undertaker, H. C. Wiedefeld

Place of Business, 100 Greenmount Ave *Address,* 228 E Pratt St

M. B. Billingslea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91469 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 4 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jonas Goldsmith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this liue.} Single

Occupation, Teacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give Street and Number.} 884 W Baltimore St

Cause of Death, First (Primary), Consumption

Second (Immediate), Dyspnoea

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, May 6

Undertaker, Thomas

Place of Business, 28 High St *Address,* 88 N Eutaw St

A Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21470 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 6. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillip Franz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 858 W Pratt St.

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, May 7/86

Undertaker, P J Dill

Place of Business, 183 Columbia

James Bradley M. D.
Medical Attendant.

Address, 819 Fallin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9147 / *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Lee

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* 28 *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} M

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 293 E. Lombard.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, One month

All the above Information should be furnished by the Physician.

Place of Burial, St Johns Cem

Date of Burial, May 7th

Undertaker, W Disque

Place of Business, 737 S Bond *Address,* Balt. & Bank sts

G. A. Leas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91472 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years.~~ 3 *Months.* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 17 Burke Street

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, May 6th 86

Undertaker, G. Frank

Place of Business, Frank & Wolfe *Address,* 472 E. Pratt St.

James H. Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91473 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 6 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 5th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Schaber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 167 Thirteenth

Cause of Death, First (Primary), Hydrocephalus acute

Second (Immediate), Eclampsia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, May 7 1886

Undertaker, A. Klein Salon

Place of Business, 461 W. Gay *Address,* 24 E. Fayette

Mother M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91474 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT MAY 6 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, May 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Miller

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 28 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} N. 347 E. Eager st

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, May 7th 1886

Undertaker, Henry Hoeck

Place of Business, 309 N Central ave

James A Clemens M. D.

~~Medical Attendant.~~

Address, Com' 96 & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M McKewen Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91475 *Office of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Dorn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give Street and Number.} 12 E Lanvale St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Haemorrhage

Duration of Last Sickness, Ten Minutes

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, May 7th 1886

J. B. H. Phillips M. D.
Medical Attendant.

Undertaker, C. F. Fransecca

Place of Business, 209 Hanover

Address, 311 N Linden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

7 11 1

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 91476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Gaeb

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 Miller St.

Cause of Death, First (Primary,)

Second (Immediate,) Meningitis

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Chm

Date of Burial, May 7th

P. J. Gaeb M. D.
Medical Attendant.

Undertaker, W. Oldhamp's

Place of Business, 253 E Lombard St *Address* 137 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91477 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Watkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* 9 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, 60 yrs,

Place of Death, {Give Street and Number.} 233 Dolphin st

Cause of Death, First (Primary), Infiltration of Age

Second (Immediate), Prostration

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 8

Undertaker, C H Blizzard

Place of Business, 201 [illegible] *Address,* 134 W Baltimore Av

Jas D Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91478 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Era Leut

Sex, ~~*Male*~~ *or* ~~*Female*~~, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 13 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 29 Hamburg St

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill.

Date of Burial, May 7.

Undertaker, B Harle.

Place of Business, 82 Mar. St *Address,*

Howard Cotta M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91479 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George T. Underhill.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Oyster Packer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md.

Duration of Residence in the City of Baltimore, 20 Years.

Place of Death, {Give Street and Number.} 137 West St.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Tuberculosis.

Duration of Last Sickness, about 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, May 7th

Undertaker, F. H. Troll

Place of Business, 131 Hanover St *Address,* 152 Sharp St.

R. J. H. Tall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[Over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91489 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry G. Dorsheimer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 11 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} # 258 Columbia ave

Cause of Death, First (Primary), Abscess of Brain

Second (Immediate), Coma

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial Loudon P. County

Date of Burial, May 7th

Undertaker, H. H. Ford

Place of Business, 13 Monroe St. *Address,* 166 S. Paca St.

C. L. Buddenbohm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 91481

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91481 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 6th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosie Powlawsky.

Sex, ~~*Male or,*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* — *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St. Vincents Asylum

Cause of Death, First (Primary), Croup

Second (Immediate), Ex —

Duration of Last Sickness, 1 Wk.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, May 7th 1886

Undertaker, Hammond Lake

Place of Business, Division St.

F. J. Flannery M. D.
Medical Attendant.

Address 1024 Dr. Hillen

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 7148

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7148 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~April~~ May 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cedrika Knott

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St. Vincents Asylum

Cause of Death, First (Primary), Measles -

Second (Immediate), Ex. from Broncho - Pneumonia -

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, May 7 1886

Undertaker, Harwood Lake

Place of Business, Division St

F J Flannery M. D.
Medical Attendant.

Address, 40 & Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91483 *Office of Registrar of Vital Statistics.* Ward 11 11/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Shelley

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 45 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Porter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give Street and Number.} 21 Penn St

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), Hemorrhage

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Cath. St. Peters Cemetery

Date of Burial, May 7th 1886

Undertaker, Morgan & Frye

Place of Business, # 9 Mulberry St

H. Warfield M. D.
Medical Attendant.

Address, Balto Gen. Disp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91484 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 7 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Chas. Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 *Days*

Color, cd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 12 Harris Alley

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 7/86

Undertaker, Jas Hemsley

Place of Business, Orchard St *Address,* Camp 6 & R

Thomas H Kemp M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo E Dow

Sanitary Inspector

No. 9[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91485 — *Office of Registrar of Vital Statistics.* — Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hahl

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, W.

Married, ~~Single,~~ ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} 563 W. Fremont

Cause of Death, First (Primary), Phthisis Pulm.

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 7 86

Undertaker, Andrew Rohde

Place of Business, 48 Penna ave

O. Edw. Janney M. D.
Medical Attendant.

Address, 242 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 91486

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT MAY 1886 BALTIMORE

Permit No. 91486 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elliott S Hayerman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days*

Color, White

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.} V

Occupation, ~~Student~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 193 Lexington St

Cause of Death, First (Primary), Typhoid Fever (Exhaustion)

Second (Immediate),

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, May 8th

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

P. H. Thies M. D.

Medical Attendant.

Address, 156 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 11247

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21487 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel Ramsey Waters

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 58 *Years,* 11 *Months,* 15 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Teacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Most of his life

Place of Death, {Give Street and Number.} 550 Lexington St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 8/86

Undertaker, Denny Mitchell

Place of Business, 550 W Fayette

Chas. F. Kelly M. D.
Medical Attendant.

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9144

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91488 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 7 1886 BALTIMORE MD.

A

CERTIFICATE OF DEATH.

Date of Death, May 5 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusto Similio

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italia

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Pneumonia & Pericarditis

Second (Immediate), Heart failure

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Pratt Cemetery

Date of Burial, May 7 1886 William T Harden M. D.

Undertaker, Geo. Rinehart Medical Attendant.

Place of Business, Health Dept *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9189

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9189 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonia Kolaracek

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 7 mos.

Place of Death, {Give Street and Number.} 117 ½ Chester st.

Cause of Death, First (Primary), Croup

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bohemian National Ci

Date of Burial, May 7. 86.

Undertaker, Frank. Enoch.

Place of Business, 249 N. Durham *Address,* 241 E. Baltimore St

J. H. Cullenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7114

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91490 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 7 1926
STATE OF MARYLAND

CERTIFICATE OF DEATH.

Date of Death, May 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabel Probst

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 524 N. Mechanic St

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, about 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemt

Date of Burial, 8th May

Undertaker, J. E. Langhaar

Place of Business, 298 Lemmon *Address,* 599 Madison Av

A. C. Bolo *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91491 *Office of Registrar of Vital Statistics.* Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George S. Yale

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 2 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 297 Cross St

Cause of Death, First (Primary); Acute Meningitis

Second (Immediate),

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 7th 86

Undertaker, Daniel Flynn

Place of Business, 709 West St

I C Burch M. D.
Medical Attendant.

Address, 15 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9149[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91492 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE BOARD OF HEALTH MAY 7 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Ellen Crook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 561 Mulberry

Cause of Death, First (Primary), Anaemia

Second (Immediate),

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, May 9

Undertaker, Jos H B Cook

Place of Business, 707 W Balto *Address,* 283 W Lombard

Edw F. Michael M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Permits for Burials, in

No. 9147

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 11493 *Office of Registrar of Vital Statistics,* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE MAY 7 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 6/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Leidner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1½ *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 406 E. Fayette St.

Cause of Death, First (Primary), Eclampsia

Second (Immediate),

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthias Cem

Date of Burial, May 7/86

Undertaker, J. B. Adolf

Place of Business, 701 W Balto St, *Address,* 344 E Balto St

H. H. Collenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9494 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 7 1886

CERTIFICATE OF DEATH.

Date of Death, May sixth 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Brashears

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 78 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 42 McElderry St

Cause of Death, First (Primary), —

Second (Immediate), Typhoid Fever

Duration of Last Sickness, Eleven weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 8 86

Jos A Bourne M. D.
Medical Attendant.

Undertaker, Wm Sly

Place of Business, 57 N Broadway *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 91495

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91495 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 6, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget McCarthy

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* —— *Months,* —— *Days*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland — 38 years in Balto

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} 40 Rock

Cause of Death, First (Primary), General Congestion

Second (Immediate),

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 8th 1886

Undertaker, W. Cadogan

Place of Business, 227 Mulberry St *Address,* 58½ W. Hagerstown St

[signature] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Permits for Burials to the [illegible]

No. 91496

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91496 *Office of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Vestal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} V

Occupation, Tree Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give Street and Number.} 26 / Bank St

Cause of Death, First (Primary), Pentonitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, New Windsor Md

Date of Burial, May 8 1884

Undertaker, John Lake

Place of Business, 201 E. Balto *Address,* [illegible] H. Court

Geo B Reamer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

1/1884 Transcribed

No. 91497

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91497 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Gustav~~ ~~Kastens~~ Gustav Kastens

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 11 Walker st

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cem

Date of Burial, May 9. 86.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St

J. G. Dowell M. D.
Medical Attendant.

Address, 345 E. Balto. st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Permit No. [illegible] No. 7 1 4 7 6

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9 1 4 9 8 *Office of Registrar of Vital Statistics.* Ward 9 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, May 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Hokins

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 8 *Months.* *Days* 1

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philad - Penn — Ten days

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 617 Hanover St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial Cedar Hill

Date of Burial, May 8

Undertaker, W Hearn

Place of Business, 82 West St *Address,* 311 N Linwood Ave

B L Phillips M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 91499

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91499 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Vogelgesang

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, — *Years,* — *Months,* 26. *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 65 Cross St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Two Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 9

Undertaker, Wharton

Place of Business, 82 West St *Address,*

Thomas Bond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 21500

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21500 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 68 Patapsco St

Cause of Death, First (Primary), Congestion of Liver &

Second (Immediate), Disorder

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 8.

Undertaker, [illegible]

Place of Business 82 West [illegible] *Address,* 110 Fort Ave

O. A. Cook M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Use [illegible]

Health Department, City of Baltimore.

Permit No. 91501 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 8 1886

CERTIFICATE OF DEATH.

Date of Death, May 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mc - Hoffman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 72 Park St.

Cause of Death, First (Primary), Measles Pneumonia

Second (Immediate), Exhaustion Chronic Pneumonia

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 9 1886

Undertaker, A Rosenberger

Place of Business, 70 Mulberry st

W. P. Morgan M. D.
Medical Attendant.

Address, 157 W Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91502 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emiline Cassel.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days*

Color, Col.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 150 Vine Street

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St., Cem.

Date of Burial, May 8th 86

Undertaker, Wm J. Gray

Place of Business, 65 Mulberry St

R. S. Titcomb M. D.
Medical Attendant.

Address, 616 W. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Requirements [illegible] etc.

Health Department, City of Baltimore.

Permit No. 91503 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 7 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavinia Jorge Cooper Russel

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* 1 *Months,* 21 *Days*

Color, White

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 26 1 21 da

Place of Death, {Give Street and Number.} Monument St & Patterson Park Ave

Cause of Death, First (Primary), Puerperal Mania

Second (Immediate), Coma

Duration of Last Sickness, 8 day

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 9 1886

Undertaker, Wm H Hackman

Place of Business, 234 N Gay St.

J. T. Speckhall M. D.
Medical Attendant.

Address, Patterson Park Ave & Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 91504 *Office of Registrar of Vital Statistics.* Ward 37

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH MAY 8 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

74

Date of Death, 7th May 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Owens

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Female

Age, 55 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Church Home Infy

Cause of Death, First (Primary), Apoplexy

Second (Immediate), —

Duration of Last Sickness, few hours

the above info mation should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 8th May 1886

Undertaker H. W. Jenkins & Sons

Place of Business Park & Saratoga Sts *Address,*

E Parrish M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91505 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 1886 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, May 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Joynes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 8 E Biddle St nr Gay

Cause of Death, First (Primary), Measles

Second (Immediate), Bronchitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bellevue Cemetery

Date of Burial, May 9, 1886

Undertaker, Henry Heath

Place of Business, 709 N Central Ave

W. B. Billingslea M. D.
Medical Attendant.

Address, 228 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 91506 *Office of Registrar of Vital Statistics.* Ward 11 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Edward Neal

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ——— *Years,* Two *Months,* ——— *Days.*

Color, Black

~~Married~~, *Single,* ~~Widowed~~ or *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 22 St Mary St

Cause of death, First, (Primary,) Measles

Second, (Immediate,) Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 6 - 1886

Undertaker, Wm. W. Madden

Place of Business, 40 East St

H. J. Cooper M. D.,
Medical Attendant.

Address, 205 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91507 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 6. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida M. Brooks

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* 7 *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, About 27 years

Place of Death, {Give Street and Number.} * 250 N. Eden st.

Cause of Death, First (Primary), Puerperal Eclampsia

Second (Immediate),

Duration of Last Sickness, 28 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 9

Undertaker, Evans & Spence

Place of Business, 60 E Balto St.

Geo. A. Hartman M. D.
Medical Attendant.

Address, * 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

Permit No. 91508 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE MAY 9 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 8/86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Wise

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 67 ~~years~~ Years, ... Months, ... Days,

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, about 30 years.

Place of Death, {Give street and Number.} 62 Saratoga St.

Cause of Death, First, (Primary,) Dilatation of Heart &c.

Second, (Immediate,) Concestion of Brain & Lungs from regurgitation of blood.

Duration of Last Sickness, about four months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 11th 1886

Undertaker, Henry W. Mears

Place of Business, #32 W. Fayette St.

H. R. Fiedenhoff, M. D., Medical Attendant.

Address, 227 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91509 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, May 8th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samual Clifford Church

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* *Months,* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, Ice Merchant.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maine.

Duration of Residence in the City of Baltimore, 9 years.

Place of Death, {Give Street and Number.} 134 N Broadway.

Cause of Death, First (Primary), Rheumatism

Second (Immediate), ~~Heart~~ Exhaustion.

Duration of Last Sickness, 11 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 10th 1886

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

D McCathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarkable Law [illegible]

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics. Ward .....

Permit No. A 91570

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ida R. Newcomer.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} .....

Age, 33 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or county, and how long in the United States if of foreign birth.} Manchester, Carroll Co., Md.

Duration of Residence in the City of Baltimore, About 20 yrs.

Place of Death, {Give Street and Number.} 106 N. Poppleton St.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Asphyxia.

Duration of Last Sickness, About 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Lucas' Run

Date of Burial, May 7/86

Undertaker, D. McGaud

Place of Business, ...

Eldridge C. Price, M. D.
Medical Attendant.

Address, 953 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Wm. J. C. Dulany Co., City Printers and Stationers.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9151 0½ *Office of Registrar of Vital Statistics.* Ward 10½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 7 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Newcomer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* 9 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Manchester, Carroll Co., Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 106 Poppleton St. (r)

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asphyxia

Duration of Last Sickness, About 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 9th 1886

Undertaker, Dietrick Wiegand

Place of Business, 166 Druid Hill Ave

Eldridge C. Price, M. D.
Medical Attendant.
Address, Office 262 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91611 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maternity

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Nursery & Child's Hospital.

Cause of Death, First (Primary), Diab Nutrition

Second (Immediate), Whooping Cough

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, May 8

Undertaker, C H Blizzard

Place of Business, 29 Penna ave *Address,* .....

C. F. Bryan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91512 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Cormucle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Twenty-one *Years,* *Months,* *Days*

Color, W

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Alle life

Place of Death, {Give Street and Number.} 237 N Gilmor st

Cause of Death, First (Primary), Old Age

Second (Immediate), Rheumatic Paralysis

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 9/86

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette

Wm Knight M. D.
Medical Attendant.

Address, 221 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Health Department, City of Baltimore.

Ward 21 J

Permit No. 91513 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a[illegible]ness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 7: 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. Frank Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days* ✓

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Driver for Empire Ice Co.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prince Georges Co Md

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 314 N. Hoffman St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 9th 1886

Undertaker, Lang & Whitelaw

Place of Business, 560 W Fayette St *Address,* 201 Druid Hill Ave

O. L. Williams *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks [illegible]

Board of Health, City of Baltimore,

Permit No. 915-11 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

PRINTING DEPT. MAY 8 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Holly

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State on country, and now long in the United States, if of foreign birth.} St Marys Co

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 108 Sterling St

Cause of Death, First, (Primary,) Ovarian Tumor

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 weeks in bed

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 8th 1886

Undertaker, Morgan & Pye

Place of Business, 4 Mulberry St

David V Moyer M. D., Medical Attendant.

Address, 192 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91575 *Office of Registrar of Vital Statistics.* Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham wife Steinberger (Parents

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 2 hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} E. Jefferson St

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 8 Jefferson St

Cause of Death, First (Primary), Premature Birth period of

Second (Immediate), Gestation 8 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fells Point Cemetery

Date of Burial, Sunday May 9th

Undertaker, Evans & Spence

Place of Business No 60 E. Baltimore St *Address,*

Edward F. Mace M. D.
Medical Attendant.

No 60 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9516 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John O Rorke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 159 Hudson St

Cause of Death, First (Primary),

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cem

Date of Burial, May 7th 1886

Undertaker, Wm Sanders & Son

Place of Business, 352 Eastern Ave *Address,* 98 Edmondson Av.

E. J. Brinkmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91517 *Office of Registrar of Vital Statistics.* Ward 5 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8 — 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Carrier

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 91 *Years,* 7 *Months,* — *Days*

Color, Wht.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} German

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give Street and Number.} No. 83 Aisquith St.

Cause of Death, First (Primary), Dilated Heart

Second (Immediate), —

Duration of Last Sickness, Instant death — but ailing several days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 10th 1886

Undertaker, H. Schweitzer

Place of Business, E. Monument St.

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21518 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Winkel

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* 2 *Months,* 1 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 49 Years

Place of Death, {Give Street and Number.} 156 Columbia Ave

Cause of Death, First (Primary),

Second (Immediate), Pneumonia, Senile debility

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Catholic Cem

Date of Burial, May 10th

Undertaker, Wm J Pickner

Place of Business, 65 S. Eutaw Address, 76 S Paca St

J H Carney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9519 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Zerna Serpes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Laparotomy for intestinal obstruction

Seeond (Immediate), Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Oheb Sholem

Date of Burial, May 9th 1886

Undertaker, Wm. Silar

Place of Business, Gough St.

Dr J. E. Michael M. D.
Medical Attendant.

Address, Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91521 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bradshaw,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, White.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

~~*Duration*~~ *of Residence in the City of Baltimore,* 10 yrs.

Place of Death, {Give Street and Number.} 48 Hanover, St.

Cause of Death, {First (Primary),

Second (Immediate), Pulmonary Tuberculosis.

Duration of Last Sickness, ~~Same~~ 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Cambridge - Md.

Date of Burial, May 9th

{*Undertaker,* F. J. Stoll

Place of Business, 131 Hanover St. *Address,* 152 Sharp, St.

R. J. H. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4185 Frankl

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on the ... Certificate

Board of Health, City of Baltimore,

Permit No. 91521 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Johanna Fr[illegible]he Feathe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 82 Months, 2 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, { Give street and Number. } #8 Baker Court

Cause of Death, First (Primary), Infirmities of age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 10 the

Undertaker Andrew Rob[illegible]

Place of Business, 48 Penna Ave

D. G. Spanow Coroner

M. D.

~~Medical Attendant.~~

Address, #279 N. Mount St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Use of Diseases on [illegible] Certificate.

Health Department, City of Baltimore.

Permit No. 91522 — *Office of Registrar of Vital Statistics.* — Ward 10 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 6 1886

CERTIFICATE OF DEATH.

Date of Death, May 6/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Mariner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland Balto.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 4 C Alley

Cause of Death, First (Primary), Tubercular Laryngitis Phthisis

Second (Immediate), Internal Hemorrhage

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 7 1886

Undertaker, [illegible]

Place of Business, 98 Howard St

[illegible] M. D.
Medical Attendant.

Address, 717 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases ... ...ficate.

Health Department, City of Baltimore.

Permit No. 91523 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm L. Zinglelan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto ✓

Duration of Residence in the City of Baltimore, 1 yr & 3 mos

Place of Death, {Give Street and Number.} 1 Spring Garden ave

Cause of Death, First (Primary), Teeth

Second (Immediate), Spasms

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 8 1886

Undertaker, S McShane

Place of Business, 45 Howard ave

R. C. Lee M. D.
Medical Attendant.

Address, Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Returns below, and to the Rules ... reverse.

Health Department, City of Baltimore.

Permit No. 91524 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victor Trego

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 25 *Years,* —— *Months.* —— *Days*

Color, col

~~*Married*~~, *Single,* ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give Street and Number.} 131 Dolphin St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Phthisis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 9- 1886

Undertaker, W F Madden

Place of Business, 46 East St

W. B. Browne *M. D.*
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible] ate.

Health Department, City of Baltimore.

Permit No. 91525 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 9 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 7th 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rumour

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* 4 *Months,* 10 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, 12 yr. 4 mo. 10 days

Place of Death, {Give Street and Number.} cor Monroe & Mc Henry St.

Cause of Death, First (Primary), Malarial fever.

Second (Immediate), Heart exhaustion

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 9. 1886

Undertaker, Joseph B Cook

Place of Business, 707 W Baltimore *Address,* cor Mulberry & Myrtle

Louis L. Otten M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks below, and ... etc.

Health Department, City of Baltimore.

Permit No. 9526 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5 — 7. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David McClean

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 22 *Years,* — *Months,* 11 *Days*

Color, W —

Married, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Huckster

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 22 +

Place of Death, {Give Street and Number.} 16 Dubois Alley

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 10/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. *Address,* 46 Fayette

L. L. Bitting M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9157 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Brenner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* 7 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give Street and Number.} 88 Fredk ave

Cause of Death, First (Primary), Cerebral Meningitis

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 10. 1886

Undertaker, Jno P Poulson

Place of Business, 66 Fredk ave

James Bordley M. D.
Medical Attendant.

Address, 819 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases [illegible]

Health Department, City of Baltimore.

Permit No. 9152 8 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 9 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7 4 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delphine Sylvernah

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 8 *Years,* — *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Portugal

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 422 Lexington St

Cause of Death, First (Primary), Climacteric Change.

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, About 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 10th 1886

Undertaker, M. Cadogan

Place of Business, 227 Mulberry St *Address,*

A H Eaton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ic Special Attention of Physicians is Respectfully Invited to the Remarks ...

Health Department, City of Baltimore.

Permit No. 91529 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 9 1886 BALTIMORE

Date of Death, May 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Thompson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* ——— *Months,* ——— *Days*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co Maryland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 40 Mulberry Street

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Hoods Mill Carroll county Md

Date of Burial, May 10th 1886

Undertaker, Jos B. Cook

Place of Business, No 707 N. Baltimore St

J R Wiley M. D.
Medical Attendant.

Address, 195 West Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Transit 41 86

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91530 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAY 9 1886

CERTIFICATE OF DEATH.

Date of Death, May 8th, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Cruse

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty nine years

Place of Death, {Give Street and Number.} 34 E. Pratt St.

Cause of Death, First (Primary), Age

Second (Immediate), Paralysis

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Western Cemetery

Date of Burial, May 10th 1886

Undertaker, J. B. Cook

Place of Business, No 707 W Baltimore St. *Address,* 243 Alice Anna St.

John H. Kelberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 11131 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, May 7/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah M Mellerman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 *Years,* 4 *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Milk Man

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give Street and Number.} 70 S. Eden st

Cause of Death, First (Primary), ———

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Irish Cemetery Harford Co Md

Date of Burial, May 9th 1886

Undertaker, E Schlosser

Place of Business, 181 S Sharp st *Address,* 158 S Eden st

Jno D Black M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Transit 4187

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

Permit No. 9/632 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6 /86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore F. Hewitting

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* ——— *Months,* ——— *Days,*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 23 Naughton st

Cause of Death, First (Primary), Cerebral Tumour

Second (Immediate). Convulsions

Duration of Last Sickness, complaining since August 1885

All the above information should be furnished by the Physician.

Place of Burial, Druid Cemetery

Date of Burial, May 9 1886

Undertaker William N Lange

Place of Business, 62 East st *Address,* 93 Chew st

J A Wrane *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention

Board of Health, City of Baltimore, 1886

Permit No. 11536

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wenna Proctor.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5-0 *Years,* *Months,* *Days.*

Color, Colored -

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Servant -

Birthplace, {State or country, (and how) long in the United States, if of foreign birth.} Charles Co. Md -

Duration of Residence in the City of Baltimore, 15 Years.

Place of Death, {Give street and number} 425 Rudder St.

Cause of Death, First, (Primary.) Rheumatism & Meningitis

Second, (Immediate,) Coma -

Duration of last Sickness, 13 Days.

All the above information should be furnished by the Physician.

Place of Burial, Long Green Balto. Co

Date of Burial, May 10/86

James Brown M. D.
Medical Attendant.

Undertaker, Chas. L. Scriver

Place of Business, 271 N. Eutaw

Address, #63 Johns St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit No. 4188

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ...

Health Department, City of Baltimore.

Permit No. 71534 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E McIntyre

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 76 Division St.

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, About two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Barnie Braecone by

Date of Burial, May 10 - 1886

Undertaker, Martin Fahey

Place of Business, 128 Townsend *Address,* 15 W. Monument st

P. O'Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91535 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 8 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katy Clara Decker

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 37 S. Covington Av

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Monday 10

Undertaker, [illegible]

Place of Business, [illegible] *Address,* [illegible]

J Tatkin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7153 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 9 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Klepfer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 213 n Gay st

Cause of Death, First (Primary), Measles

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bellevue Cem. Newton.

Date of Burial, May 10th 1886.

Undertaker, Evans & Jones

Place of Business, 60 E. Balto St. *Address,* 124 n Eutaw st

E. C. Baldwin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, [illegible] of this Certificate.

Health Department, City of Baltimore.

Permit No. 91537 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Knott

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months.* 14 *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 112 Stollenwerck

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Burial Ground

Date of Burial, May 10th 1896

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 502 W Fayette st

Robt K Knox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9/588 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 10 1886

CERTIFICATE OF DEATH.

Date of Death, May 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Appleton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 66 Hillman St.

Cause of Death, First (Primary),

Second (Immediate), Laryngeal Phthisis

Duration of Last Sickness, 9 months

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 9 /86

Undertaker, H C Whitefield

Place of Business, 100 Gruenmt *Address,*

Chas Frank Bayne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible] of this Certificate.

Board of Health, City of Baltimore,

Permit No. 91539 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Japf

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 16 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 54 N. Bond St

Cause of Death, First, (Primary,) Congestion of Lungs

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, May 10. 86.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St.

Gr. H. Diffenderffer M. D.,
Medical Attendant.

Address, 140 Bolton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore, 10

Permit No. ~~N~~ 91540

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
MAY 10 1886
BALTIMORE MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Margt Schade

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 47 *Years,* 11 *Months,* 9 *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House work

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 184 Greene St.

Cause of Death, {First (Primary,) Paralysis of the heart

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 11. 1886

Undertaker, P. L. Dill

Place of Business, 183 Columbia Av.

Philip Winter M. D.
Medical Attendant.

Address 219 N. Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9674 1 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Samuel F. Bodager

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grain dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N. Y.

Duration of Residence in the City of Baltimore, Twenty Years.

Place of Death, {Give Street and Number.} 12 Bank St.

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Paralysis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, May 10, 1886

Undertaker, Henry McGinnis

Place of Business, 8 N. Central Ave

H. F. Ruck M. D.
Medical Attendant.

Address, Balt. & Jones

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9137 2 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Bamberger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 53 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 243 E. Madison st.

Cause of Death, First (Primary), Paralytic effusion & Coma

Second (Immediate), ...

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Co. Md.

Date of Burial, May 10 1886

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* 305 N. Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9548

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 9548 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Beulah Leschner

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 6 *Years,* 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} x

Occupation x

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 503 E Baltimore str

Cause of Death, First (Primary), Brain Disease

Second (Immediate), Convulsions

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 10th 1886

A Friedenwald M. D.
Medical Attendant.

Undertaker Fred Laede

Place of Business, 29 S. Caroline *Address,* 88 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 91544

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91544 *Office of Registrar of Vital Statistics.* Ward 13

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas S Gibson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* 6 *Months,* *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Confectioner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} 471 W Lombard St

Cause of Death, First (Primary), Paralysis, due to necrosis of facial + cranial Bones involving brain

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, May 11

Undertaker, J B Cook

Place of Business, 707 W Balt *Address,* 19 Columbia ave

Geo R Graham M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 91545 *Office of Registrar of Vital Statistics.* Ward 20.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Fredrick Cook

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} No 209 Argyle ave

Cause of Death, First (Primary), Consumption

Second (Immediate), Apnea

Duration of Last Sickness, Bet. five & Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 11th 1886

James Bacon M. D.
Medical Attendant.

Undertaker John J. Andrews

Place of Business, No 486 Druid Hill Ave Address, Cor. Arlington & Lafayette ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the ... Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 91546 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Marie Clifford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 416 Slann Street

Cause of Death, First (Primary), Cerebral Effusion

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, May 10. 1886

Undertaker, H. A. Dayer Atty

Place of Business, 714 S. Bway

James F. Shaw M. D.
Medical Attendant.

Address, 417 E. Pratt Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91547 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 8 of May

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Nora Neal

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days*

Color, Black

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give Street and Number.} 149 Pine St

Cause of Death, First (Primary), Old age

Second (Immediate), Broken down, constitution

Duration of Last Sickness, 14 years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 10 1896

Undertaker, Morgan Pye

Place of Business, 4 Mill Street Address, 226 Mulberry St

Louis Chas Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

9348

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9348 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Wilson ~~Daughter of Jas~~

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ *Months,* Seven *Days*

Color, Brown

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 229 Preston St.

Duration of Residence in the City of Baltimore, Seven days

Place of Death, {Give Street and Number.} 229 Preston St.

Cause of Death, First (Primary), Abcess

Second (Immediate), Septicemia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 10th 1886

Undertaker, Alex. Hearsey

Place of Business, 116 Orchard St. Address, 120 N. Greene St.

F. B. Gardner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Phy...

Board of Health, City of Baltimore,

9

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 91549

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 1 1899
BALTIMORE MD.

8

CERTIFICATE OF DEATH.

Date of Death, 5th May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oswald Noack

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 63 years *Years,* 9 *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 146, W. Baltimore St.

Cause of Death,
First (Primary,) Dilatation of the right ventricle.
Second (Immediate,) Hydro pericardium and Ascites

Duration of Last Sickness, four weeks.

All the above information should be furnished by the Physician.

Place of Burial, David Hill Park

Date of Burial, May 10 the

Undertaker, Andrew Rohde

Place of Business, 48 Penne Ave

Morris Wiener M. D.
Medical Attendant.

Address 319, W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9155C *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 12 Elbow Lane

Cause of Death, First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, One year & 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 10 1886

Undertaker, Hercules Boss

Place of Business, 95 Canton Ave

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9151 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Baren

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* 13 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 18 abbott st.

Cause of Death, First (Primary), Dysentery

Second (Immediate), Apnoea

Duration of Last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, May 10, 1886

Undertaker, Henry Heath

Place of Business, 309 N Eutaw av

Chas. B. Leigh M. D.
Medical Attendant.

Address, 282 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 91552

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James D. MacKenzie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore 65 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 67 Franklin Street

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate.) Congestion of the Lungs

Duration of Last Sickness, One Hour

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 12th 1886

Undertaker, R. Kennedy

Place of Business, No 92 Hanover

H. O. Wilson M.D.,
Medical Attendant.

Address, 146 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9333 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Godfried B Hertlein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* 6 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Saloon Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give Street and Number.} 89 Low St

Cause of Death, First (Primary), Cirrhosis of Liver

Second (Immediate), Hemorrhage of Stomach

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 11th

Undertaker, Geo Schilling

Place of Business, 7th and Lynn

I W Stoner M. D.
Medical Attendant.

Address, 89 E Lee St Carroll

1886

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 9135[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9135[illegible] *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} D. L. E. Buckingham

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 75 Little McElderry Balto.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 75 Lit McElderry St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Meningitis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 10th

Undertaker, Geo. Schilling

Place of Business. Ashland & Eager

J. H. Robinson M. D.
Medical Attendant.

Address, 258 N Greene Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9/535 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Maynlein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years.* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1885- 185 N. Wolf

Cause of Death, First (Primary), Phthisis

Second (Immediate), Phantom

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 11th

Undertaker, Geo Schilling

Place of Business, Ashland & Eutaw *Address,*

J. K. Wiley *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21336 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Washington.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hostler.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Watson St.

Cause of Death, First (Primary), Chronic Alcoholism

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Eastern Pub Cem

Date of Burial, May 10th.

Undertaker, Geo. Rinehart

Place of Business, Wilson st

C. W. Hauck, M. D.
Medical Attendant.

Address, 75 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91557 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 9/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chris. L. Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 15 Fountain St.

Cause of Death, First (Primary), Acute Meningitis

Second (Immediate), ...

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, M. E. Evangelical Asm

Date of Burial, May 11th 1886

Undertaker, H. Sander & Son

Place of Business, 252 Baltimore Ave *Address,* 52 S Broadway

R. W. Manfield *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91338 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Becker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* *Months.* 2 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Giessen Germany (36 years)

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give Street and Number.} 11 E. 54 Holland st.

Cause of Death, 372 First (Primary), Phthisis pulm.

Second (Immediate), Exhaustion

Duration of Last Sickness, About 4 mon. was chronic case

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, May 11th 1886.

Undertaker, Ph. Seewald

Place of Business, 35 S. Eutaw

L. Whitbeck M. D.

~~Medical Attendant.~~

Address, 12 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 71339

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91539 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Freddie Stable

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St. Vincents Asylum

Cause of Death, First (Primary), Croup.

Second (Immediate), Spasm.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, May 10. 1886

Frank J. Flannery M. D.
Medical Attendant.

Undertaker, Hammond Lake

Place of Business, Division St. *Address,* 402 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

9560

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9560 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charley Phillips.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), Measles, Capillary Bronchitis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 20 days.

All the above Information should be furnished by the Physician.

Place of Burial, New Cath. Cemetery

Date of Burial, May 10, 1886

Undertaker, Harwood Lake

Place of Business, Division St.

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem Av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9154 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. Livingston King

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Foreman Saw Mill B. & O.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Adams Town Pa

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 390 west Lexington st

Cause of Death, First (Primary), Cold

Second (Immediate), Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 11th 1886

Undertaker, Wm. Weaver

Place of Business, 1202 N. Eutaw *Address,*

D. P. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9562

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9562 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, May 9. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Murphy

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* 9 *Months,* — *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widowed,*~~ ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 219 Chestnut St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 11th

Undertaker, Otto F. Schaffer

Place of Business, 5 S. Front St

G A Fleming M. D.
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

1563

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 91563 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, May 9 to 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry & Frances Moore

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~Years,~~ ~~Months,~~ 45 minutes ~~Days,~~

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~—~~ Infant ~~—~~

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 418 Eleanor Street

Duration of Residence in the City of Baltimore, 45 minutes

Place of Death, { Give street and Number. } 418 Eleanor St

Cause of Death, First, (Primary,) Premature Birth 6 mo Gestation

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Pr. Ch. Cemetery

Date of Burial, May 10th

Undertaker, Geo. Schilling, James E. Whitford M. D.,

Medical Attendant.

Place of Business, Funeral Dir. etc. *Address,* 145 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

11564

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9/564 — *Office of Registrar of Vital Statistics.* — Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, May 9th '86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Braud

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Basketmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany, about 40 years

Duration of Residence in the City of Baltimore, About 40 years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Fracture ribs & pelvis (railroad accident)

Second (Immediate), Exhaustion

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, May 11th 1886

Undertaker, John J. Mecker

Place of Business, No 150 Lanvale St

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 91565

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91565 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winefred V. Duffy.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* 9 *Months,* 19 *Days*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 96 S. Eutaw St.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Tuberculosis.

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 12th 1886

Undertaker, John J. Mercher

Place of Business, No 150 Camden

R. J. N. Tall, M. D.
Medical Attendant.

Address, 15 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 91544 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 10 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 10 Th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Statuschowski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 10 hours *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore #7 Albemarle st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and No. Number.} 7 Albemarle st

Cause of Death, First, (Primary,) .....

Second, (Immediate,) General debility

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial Holy Redeemer

Date of Burial. May 10

Undertaker, W L Duffel

Place of Business, 151 S Bond

Alfred Whitehead, M. D.,
Medical Attendant.

Address, 1 E Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9567

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9567 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac H. Doyle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Printer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 596 W. Fayette St

Cause of Death, First (Primary), Enteritis

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, May 12th 1886

Undertaker, Stewart & Mowan

Place of Business, 35 Park Ave

F. H. Stewart M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1565

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1565 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 10, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* Eleven Hours

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} No. 104 South Register Street

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 104 South Register Street

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 11th 1886

Wm H Chandlee, M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 63 & Broadway *Address,* No. 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 91569

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91569 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th May 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elma Pagenstecher

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City, Dauer Hill Av. extended

Duration of Residence in the City of Baltimore, 1 year 7 months

Place of Death, {Give Street and Number.} 120 East st Baltimore

Cause of Death, First (Primary), Pneumonia

Second (Immediate), brain trouble (Spasms)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. County

Date of Burial, May 11. 1886

Undertaker, A Poulterer

Place of Business,

I. H. Blehman M. D.
Medical Attendant.

Address, 120 East st Balt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91570 — *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May. 10/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary. Egan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 — *Years,* 8 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 6 Liberty Road

Cause of Death, First (Primary), Measles

Second (Immediate), Double Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, May 11. 1886

Undertaker, Martin Baker

Place of Business, 128 Lanvale

G. W. Norris M. D.
Medical Attendant.

Address, 193 Pulaski

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...o Special Atten... of Physicians is respectfully invited to the ... of this Certificate.

Board of Health, City of Baltimore,

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 91571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Kane

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number.} 65 N. Spring St.

Cause of Death, {First (Primary,) Abscess of the Liver

Second (Immediate,)

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross.

Date of Burial, May 12th 1886

Undertaker, Henry McGinnis

Place of Business, 18 N. Central Av.

Address 137 Aisquith St

D D Gupp, *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 71572

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9172 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Marquette

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 6. *Months,* — *Days.*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 11 Ruppert Place

Cause of Death, First (Primary), Gastro Enteritis

Second (Immediate), ex Exanthia

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 1st 1886

Undertaker, J. L. Powers

Place of Business, 66 Hud. Av. *Address,* 837 N. Eutaw St.

J. R. Wilson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 21573

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21573 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Richardson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 960 W Pratt

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above Information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 12 "/86

Undertaker, [illegible]

Place of Business, 66 Gay St

Body M. D.
Medical Attendant.

Address, 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 91574

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91574 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 10. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Kay

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 1 *Months,* 27 *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 257 Gough St.

Cause of Death, First (Primary), Remittent Fever

Second (Immediate), Anasarca

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, May 13th 86

Undertaker, G. France

Place of Business, 8 Paca St

G. A. Link M. D.
Medical Attendant.

Address, Balt. & Park. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9575

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9575 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patil Ellinger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 941 S. Eutaw St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem.

Date of Burial, May 11th 86

Undertaker, G. Francis

Place of Business, Banks & Wolfe St *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 16

Permit No. 91576 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philipp Strasser

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, Years, 8 Months, 15 Days

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 27 Beaver St.

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give Street and Number.} 27 Beaver St.

Cause of Death, First (Primary), Cough

Second (Immediate), Pneumonia

Duration of Last Sickness, eight days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 11 Th 1886

Undertaker, Wellis & Koehler

Place of Business, Sharp & Cross St.

J. A. Boehm, M. D.
Medical Attendant.

Address, 119 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91577 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver P. Merryman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 9 *Months,* 28 *Days*

Color, white

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Cigar Manufacturer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 15 Clark St (Edmondson Ave).

Cause of Death, First (Primary), Endocarditis

Second (Immediate), Embolism + Hemiplegia - Inanition.

Duration of Last Sickness, About 10 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, May 12th 1886

Undertaker, Wm J Tickner

Place of Business, 65 S. Eutaw St

Isham R. Page M. D.
Medical Attendant.

Address, 220 Linden ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 91578

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91578 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* 7 *Months,* *Days*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 200 West St.

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Paralysis of Lungs

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mark's Cemetery

Date of Burial, May 11th 1886

Undertaker, Saml H Chase

Place of Business, 193 S. Conrad St *Address,*

Yo Gould *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91579 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 9 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W^m G. Wayne

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 57 *Years,* ..... *Months,* ..... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 18 yrs.

Place of Death, {Give Street and Number.} 466 N. Eden St.

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Hypertrophy of Heart

Duration of Last Sickness, 2 yrs. & 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 11/86

Undertaker, H. C. Weidefeld

Place of Business, 100 Granite Alley

J. H. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

1886

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21580 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Londenslager

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* ____ *Months.* 20 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 162 S. Bethel

Cause of Death, First (Primary),

Second (Immediate), Erysipelas

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, May 12th

Undertaker, John E Grace

Place of Business, 142 S. Caroline St *Address,* 95 Park Ave

A. M. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9155/ *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 10 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Albert Berg

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1 Wallbrook St

Cause of Death, First (Primary), Rubeola. Congestion of Brain & Lungs

Second (Immediate), Convulsions & Paralysis

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 12th

Undertaker, Geo Schilling

Place of Business, Kirkland & Bryan Ave *Address,*

Edward [illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate. No. 1382

Health Department, City of Baltimore.

Permit No. 91582

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 11. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stellie Barber.

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 21 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 60 Dover St.

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Stheter Cemetery

Date of Burial, May 12 1886

Undertaker, H. Rass

Place of Business, 95 Centre St *Address,* 177 Druid St

C. L. Booze M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER

No. 91583

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91583

Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Muckle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 88 *Years,* ..... *Months,* ..... *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cashier Union Bank

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 158 W. Biddle st

Cause of Death, First (Primary),

Second (Immediate), Old age

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 12th May 1886

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga *Address,* 210 N. Eutaw st

..... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

No. 91384

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible] Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91384 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 10" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A Hale

Sex, Male or Female, {Cross out the word not required in this line.} [redacted]

Age, [redacted] *Years,* [redacted] *Months,* 5 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 290 Raborg St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, May 11" 1886

Undertaker, Wm N Young

Place of Business,

James A. Stewart M.D.
Medical Attendant.

Address, Dr. of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Robert Dant Inspector

1588

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9188 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mason & Florence Mason

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 2 *Days*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 77 Cooper St

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 11/86

Undertaker, A Hensley

Place of Business, 116 Orchard St

James A. Stewart M. D.

~~Medical Attendant~~ Coroner

Address, Com. of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. A. Roberts Sanit. Inspector

No. 1556

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9586 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 10. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Flore

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* 6 *Months,* 13 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 33 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 68 Cole st

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 12 May 1886

Undertaker, Meier Dill + Son

Place of Business, 183 Columbia st *Address,* 319 Hollins st

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9138

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Ward 6

Permit No. 9138

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 10. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Benhit Filliant -

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 16 . *Years,* 10 *Months,* *Days*

Color, White -

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City -

Duration of Residence in the City of Baltimore, All his life -

Place of Death, {Give Street and Number.} 93 Mulliken St.

Cause of Death, First (Primary), Chronic valvular heart disease.

Second (Immediate), Syncope -

Duration of Last Sickness, Five weeks -

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 12 1886

Undertaker, John Kenney

Place of Business, 382 Orleans

Charles Shippen M. D.
Medical Attendant.

Address, 139 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91588 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mary Rempen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 5 Hours ~~Days~~

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 55 A Dallas St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 55 A Dallas St

Cause of Death, First (Primary), Premature Births (8 months)

Second (Immediate), Asthenia

Duration of Last Sickness, 5 Hours

All the above information should be furnished by the Physician.

Place of Burial, E Balto Pot-Cemetery

Date of Burial, May 12/86

Undertaker, Geo Kinehan

Place of Business, ...

James A. Stewart M. D.

Medical Attendant.

Address, Com of Health Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Mother expired by Effusing Tubes of Water

Board of Health, City of Baltimore,

8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Forrester

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md. Front St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 201 N Front St

Cause of Death, First (Primary,) Infirmities of Old age

Second (Immediate,) Inanition

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery.

Date of Burial, May 12 1886.

Undertaker, Wm. H. Hickman. *Address* 234 N Gay St

Place of Business, 234 N. Gay St

J. E. Lindsay *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 91390

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91590 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 9/88

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Zoellers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ~~House~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 801 Barre St

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, Six (6) Months

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cemetery

Date of Burial, May 12th

Undertaker, B. Hance

Place of Business, 82 West St *Address,* 112 N. Green

Louis H. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91591 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Mannion

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, *Years,* 2 *Months.* 15 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 48 Hunter St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Nervous Prostration

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 12.

Undertaker, B Hartle.

Place of Business, 82 West St.

H S Noble M. D.
Medical Attendant.

Address, 58 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9592 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 10. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Welch

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 29. *Years,* 3. *Months,* 17. *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna.

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give Street and Number.} 138 Payson St.

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 13/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. Address.

L. R. Wilson M. D.
Medical Attendant.

837 W. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41593

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Sylvester Merker

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 6 *Years,* 9 *Months,* ... *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 64 S. Cary

Cause of Death, First, (Primary,) Supposed Scarlet fever

Second, (Immediate,) Pyemia and suppuration of parotid and Heart failure

Duration of last Sickness, Unknown as he was not seen by me until a few days before death.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, May 12/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balt St.

J. R. Uhler M. D.
Medical Attendant.

Address, 234 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

..., J. C. ... & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91594 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 10. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Thrash

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 334 Ramsay St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Suffocation 5 days,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 12/86

Undertaker, Jos. H. Bloede

Place of Business, 707 W Baltimore

C. W. Wilson M. D.
Medical Attendant.

Address, 837 W. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91595 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 12 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 10/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Mauser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months.* 10 *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 170 S. Bethel st

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 170 S. Bethel st

Cause of Death, First (Primary), measles

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness, about ten days

All the above information should be furnished by the Physician.

Place of Burial, ~~I~~ German Cemetery.

Date of Burial, May 12th 1886

Undertaker, Wm Nicolaus

Place of Business, 258 Aliceanna

Jas. E. Gibbons M. D.
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9596. *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Waters

Sex, ~~*Male or Female*~~, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give Street and Number.} No 48 N Chapel st

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cem

Date of Burial, May 12th 1886

Undertaker, Wm N Dennee

Place of Business, 62 East st

James A. Stewart M. D.

~~Medical Attendant.~~ Coroner

Address, Bd of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M McKeown Sanitary Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 91599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12. 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob King

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} Balto City Jail

Cause of Death, First (Primary,) Intestinal abscess

Second (Immediate,) Gangrene

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, May 12th 86

Undertaker, G. Pearce

Place of Business, Bond & Wolfe Sts. *Address*

D. F. Hoffman M. D.
Medical Attendant.
Physician to
Balto. City Jail

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9598 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha A. Oelmann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 11 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 weeks

Place of Death, {Give Street and Number.} # 212 Burgundy st.

Cause of Death, First (Primary), Pneumonia Double

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C.

Date of Burial, May 13

Undertaker, B. Hark

Place of Business, 82 Nor 4th

C. L. Budenbohn M. D.
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9157

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9157 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sabina Connolly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give Street and Number.} 35 Holbrook st

Cause of Death, First (Primary), Consumption

Second (Immediate), ...

Duration of Last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, May 13 th

Undertaker, H. C. Wiedefeld

Place of Business, 100 Fremont Ave

Wm. B. Billingsley M. D.
Medical Attendant.

Address, 228 E. Preston st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9600 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles White

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months.* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 21 Lebden hall St

Cause of Death, First (Primary), Scrofula

Second (Immediate), Consumption

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Mark St Cem'y

Date of Burial, May 12 1886

Undertaker, Geo Perkins

Place of Business, 224 Hanover st *Address,* Southern Dispensary

J. B. White *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules of Duties on Back of this C

Board of Health, City of Baltimore,

Permit No. 9160 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Boone

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Shoe Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and Number.} 297 S. Paca St

Cause of Death, First, (Primary,)

Second, (Immediate.) Chronic Bronchitis

Duration of Last Sickness, 5 Months

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 14th

Undertaker, Jos. Joerdens Son

Place of Business, 59 N. Schroeder St

W. W. Council M. D.,
Medical Attendant.

Address, 154 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9602 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Perkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months.* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 43 Hamburg St

Cause of Death, First (Primary), Measles

Second (Immediate), General Debility

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, May 13th 1886

Undertaker, Smith & Sons

Place of Business, 263 Light St

H. B. Noble M. D.
Medical Attendant.

Address, 56 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1705

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7203 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Stefens

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Dur Life

Place of Death, {Give Street and Number.} 378 William St

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, May 13/86

Undertaker, J. Hale

Place of Business,

O. A. Crooke M. D.
Medical Attendant.

Address, 110 Eastern

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...dition of Physicians in respect thereto...

Board of Health, City of Baltimore, 13

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Kurtz Schaeffer

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 68 *Years,* 5 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number} 323 Lexington St

Cause of Death { First, (Primary,) old age
Second, (Immediate,) Heart Disease (Sudden Death)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem'y

Date of Burial, Thursday, May 13

Undertaker, Stewart + Mowe

Place of Business, Clay & Park Sts

Edward M. Schaeffer M. D.
Medical Attendant.

Address, 323 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9605 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Antman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months.* 15 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 44 N. Durham St

Cause of Death, First (Primary), Acute Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, May 13th

Undertaker, W. Bathamp[illegible]

Place of Business, 253 E Lombard *Address,* 1 E Eager Ave

Schlosser M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 11

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9166 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, May 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty Five *Years,* Eight (8) *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Excavator

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Nine Years (29)

Place of Death, {Give Street and Number.} No. 114 North Bethel Street

Cause of Death, First (Primary), Malaria

Second (Immediate), Asthenia

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 13 1886

Undertaker, W. Sanders & Son

Place of Business, 252 Canton Av *Address,* No 102 N Broadway

Wm H. Clendinen, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 21607

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21607 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Kimball

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 96 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 396 Canton ave

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness, Has been failing for 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenlawn cem

Date of Burial, May 15th 1886

Undertaker, H. Saunders & Son

Place of Business, 262 Canton *Address,* 373 Eastern Ave

E. J. Adams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ttention of Physicians is Respectfully Invited to the Remarks below. ... of this Certificate.

Board of Health, City of Baltimore, 14

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 91608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Constantine

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number} 237 Lemmon Street

Cause of Death First, (Primary,) Valvular disease (Mitral); Dropsy

Second, (Immediate,) Dropsy

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, May 14/86

P. S. Field M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 407 W. Balto St. *Address,* 507 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 9760 9

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9760 9 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie May Stewart

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 763 W Pratt

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 13/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

James Bosley M. D.
Medical Attendant.

Address, 319 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

9610

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9610 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James W Berry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Georgetown D.C.

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give Street and Number.} 201 W Fayette st

Cause of Death, First (Primary),

Second (Immediate), Nervous debility

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 14th 1886

Undertaker, John L Mascher

Place of Business, No 157 Eastern Av

J H Mowry M. D.
Medical Attendant.

Address, 762 Park st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9161

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9161 — *Office of Registrar of Vital Statistics.* — Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 12 — 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Spielman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 18 Mos

Place of Death, {Give Street and Number.} 70 ½ Harrison St

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, May 13

Undertaker, L Threms

Place of Business, 28 High

David V Wolpe M. D.
Medical Attendant.

Address, 192 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 9612

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9612 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sam'l Linthicum

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ship Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 70 Years

Place of Death, {Give Street and Number.} 97 S. Bond Ave

Cause of Death, First (Primary),

Second (Immediate), Cancer of the Stomach

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 13

Undertaker, B. Hall

Place of Business, 82 West St *Address,*

Pierce Cortes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 11613

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 11613 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Bergen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 943 S. Broadway

Cause of Death, First (Primary),

Second (Immediate), Diphtheria.

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Fells Point

Date of Burial, May 13

Undertaker, B. H. Hall

Place of Business, 82 West M. *Address,* 46 [illegible]

Sheldon Cole M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certifica

Health Department, City of Baltimore.

Permit No. 9164 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12 - 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Deanes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, Days

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore -

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 60 Hudson alley

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 13 1886

Undertaker, W M Chase

Place of Business, 198 Howard St

J. M. White M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 91615

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91615 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 13. 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Godfrey J. Silbernagel

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 66 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 17 Thurstalley

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westernbeuty

Date of Burial, May 17th 86

Undertaker, B. Hanle

Place of Business,

C. L. Bond M. D.
Medical Attendant.

Address, 177 Stark St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 9616

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9616 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th, 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Boyle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Stone C

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 1624 Durham St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, May 13, 1886.

Undertaker, Henry McGinnis M. D.

Medical Attendant.

Place of Business, 178 N. Central Ave, *Address,* 248 E.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 9617

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9617 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles R. Hamilton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* 25 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 122 E. 12th St

Cause of Death, First (Primary), Softening of Cerebellum Hemorrhage & Paralysis of Tongue & Throat.

Second (Immediate), Hemiplegia. 3rd attack Albuminuria Much Urinate was obtained contrary to the Physician about 2 years. The last attack 6 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brae

Date of Burial, May 13 1886

Undertaker, Wm P Byrne

Place of Business, Front St

Edward P. McDevitt M. D.
Medical Attendant.

Address, 52 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7610

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 7618 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Doherimer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* 3 *Months,* 16 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirteen Years

Place of Death, {Give Street and Number.} 118 Low St

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com

Date of Burial, May 13 1886

Undertaker, John Hennessy

Place of Business, 382 Colvert Address, 88 & Bolton St

Attest Thirty Six M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9769 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Henderson

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 2 *Years,* 2 *Months.* 16 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 2 1/2 yrs

Place of Death, {Give Street and Number.} 1338 N Schroeder St

Cause of Death, First (Primary), Measles

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, May 14th 1880

Undertaker, F. Lewis Selader

Place of Business, 109 N Fremont *Address,* 1 E Baltimore Ave

J. H. Buchanan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permits

No. 9620

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9620 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara M. Graff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 20 *Months,* ..... *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 164 S. Amity Street

Cause of Death, First (Primary), ...

Second (Immediate), Chlorosis Intussusception

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 13th 1886

Undertaker, F. Lewis Schaefer

Place of Business, 709 N. Fremont *Address,* 306 N. Eutaw St

Chas. G. Graff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9621 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Marguerith Breitschwerdt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 263 Alice Anna St

Cause of Death, First (Primary), Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 13 of May

Undertaker, H. Diffael

Place of Business, [illegible]

John H. Rehberger M. D.
Medical Attendant.

Address, 263 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 11622

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 11622 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernardo Brown

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 5 *Months,* 6 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 28 S. Dallas St

Cause of Death, First (Primary), Scrofula

Second (Immediate), Dermitis of Ft hand & arm. Not seen for 3-4 weeks

Duration of Last Sickness, as reported Two days

All the above information should be furnished by the Physician.

Place of Burial, Asbury M. E. Ch. yard

Date of Burial, May 13th 1886

Undertaker, J & J Locke

Place of Business, 173 Jefferson St *Address,* 116 E. Fayette St

Virgil Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Permits for Burial

No. 9162

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9162 3 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Williams

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 7 *Years,* 3 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born ✓

Place of Death, {Give Street and Number.} 13 E. Register st

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, May 13

P. G. Dausch M. D.
Medical Attendant.

Undertaker, John E Grace

Place of Business, 142 South Caroline St *Address,* 325 E. Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 9624 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John W. Robertson Sr

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 48 *Years,* — *Months,* — *Days,*

Color, Colored

Married, ~~Single, Widow or~~ Widower, { Cross out the word not required in this line. } Married

Occupation, Barber

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Cambridge Dorchester Co Md

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give street and Number. } 85 Arch St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Consumption

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, May 13 1886

Undertaker, L. Ross

Place of Business, 93 Conway St

J. A. Gillis M. D.,
Medical Attendant.

Address, 180 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. G 10220

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91625 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CLERK'S DEPARTMENT
MAY 13 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ruth

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 27 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 59 N Wolfe st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, May 14 86

P. L. Daniel, M. D.
Medical Attendant.

Undertaker, G. F. Frances

Place of Business, Pont & Wolfe *Address,* 325 E. Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Keepers of Cemeteries in City of Baltimore will make returns of all

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases &c. of this Certificate.

Board of Health, City of Baltimore,

Permit No. 91626

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12 Tu May 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Berrigeunde Balzer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 6. *Years,* 10. *Months,* *Days.*

Color, white

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 918 S. Chappel ste.

Cause of Death, First, (Primary.) Diphtheria.

Second, (Immediate.) Paralysis palsson.

Duration of Last Sickness, four days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, May 13th 86

Undertaker, G. F. Francy

Place of Business, Bank & Wolfe Sts. *Address,* 124 S. Broadway.

Robert Hamilton M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9762 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Lickle

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 65 *Years,* —— *Months,* —— *Days*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give Street and Number.} 80 Hanover Ave

Cause of Death, First (Primary), Bright Disease

Second (Immediate), 4 4

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mourning Frederick Co Md

Date of Burial, May 14th 1886

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Arch St *Address,* 179 N. Howard

Thomas O'Brie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

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Health Department, City of Baltimore.

Permit No. 9628 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12th May 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 5 *Months,* ✓ *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 69. Goodman alley

Cause of Death, First (Primary), Scrofula diathesis

Second (Immediate), Malarial fever

Duration of Last Sickness, 2. Weeks

All the above information should be furnished by the Physician.

Place of Burial, Harlem Cemetery

Date of Burial, May 13 1886

Undertaker, Hercules SS

Place of Business, 25 Eastern Ave

L. D. Dyer *M. D.*
Medical Attendant.

Address, 146. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9629 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 12 86.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Tony

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Labor.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 274 Montgomery St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, May 13 1886

Undertaker, Hercules ASS

Place of Business, 95 Conway St *Address,* 17 Clarke St.

C. C. Cone M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9620 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 3. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cinderella Hooper -

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 10 *Months,* 27 *Days*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} /

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 198 Fulle A. -

Cause of Death, First (Primary), Miscarriage (Supposed criminal abortion by some doctor)

Second (Immediate), Septicaemia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, May 14 1886

Undertaker, Hercules Ass

Place of Business, 45 Eutaw St

A Arnold MD M. D.

Medical Attendant.

Address, 202 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9163 1 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 13. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mansel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* one *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 111 Lemmon st

Cause of Death, First (Primary), Premature birth

Second (Immediate),

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, May 14/86

Geo Bowley *M. D.*

Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 7 & 9 W. Balto St *Address,* 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91632 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Lucas (Father

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 13 *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 242 N Bond St

Duration of Residence in the City of Baltimore, 13 days

Place of Death, {Give Street and Number.} 242 N Bond St

Cause of Death, First (Primary), Deformity of Brain

Second (Immediate), Exhaustion

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 14th

Undertaker, Geo Schilling

Place of Business, Kleinhaus Lyman

Geo Walk M. D.
Medical Attendant.

Address, 86 W Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21633 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Garret Revere Peters

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give Street and Number.} 240 E. Lombard st

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem.

Date of Burial, May 14th 86

Undertaker, G. France

Place of Business, Bank & Wolfe Sts. *Address,* 325 E. Baltimore st

P. G. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9634 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Archie Herbert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* = 16 = *Days.*

Color, Coute

Married, Single, Widow or Widower, {Cross out the words not required in this line.} - - - - -

Occupation, - - - - -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 216 E. Chase St

Cause of Death, First (Primary), Inanition

Second (Immediate), Since birth

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, May 15- 1886

Undertaker, Henry Hoeck

Place of Business, 309 N. Eutaw *Address,* 216 E Chase St

S. W. Palmer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 91635 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13 — 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G Buckner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* 10 *Months.* 14 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 Yrs

Place of Death, {Give Street and Number.} S. E. Cor Monument & Bradford Alley

Cause of Death, First (Primary), Falling of Scaffold Thirty feet

Second (Immediate) Fracture of Femur Lt and Loss Jaw. Cerebral Compression

Duration of Last Sickness, Thirty Minutes

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, May 14 1886 Jacob Rulich M. D.

Undertaker, John Hervey ~~Medical Attendant~~ Coroner

Place of Business, 382 Orleans *Address,* D/S N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21636 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 13, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wm Turk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 158 N Chapel St.

Cause of Death, First (Primary), Croup

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, May 15 1886 J. H. Collenberg M. D.

Medical Attendant.

Undertaker, John Hennig

Place of Business, 387 Orleans *Address,* 344 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91637 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Christina Betts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *10 Months,* 23 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 1 Lancaster st

Cause of Death, First (Primary), ____

Second (Immediate), Malarial fever

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, May 14 86

R. M. Hall M. D.
Medical Attendant.

Undertaker, M J. Dill & Son

Place of Business, 183 Columbia st *Address,* 262 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91638 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud Cecilia Donohue

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 0 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~Z~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 18 L Exeter

Cause of Death, First (Primary), I don't Know. Dead when called. Thought to

Second (Immediate), have had a Spasm by the family

Duration of Last Sickness, few Minutes

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 14th 86

Undertaker, Wm Schotter

Place of Business, S Front

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 171 W Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91639 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 13. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James M. Brown.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* ..... *Months.* ..... *Days*

Color, White. ✓

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Restaurateur.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 411 N. Stricker St.

Cause of Death, First (Primary), ...

Second (Immediate), Cancer, of Face,

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, May 15th 1886

Undertaker, John J. Andrews

Place of Business, No. 416 Druid Hill Ave.

J. W. Hook M. D.
Medical Attendant.

Address, 15 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Special Attention of Physicians to Inspectors' Notice on the Reverse Side, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91640 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* ____ *Months,* ____ *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 245 Park Ave

Cause of Death, First (Primary), Pritonitis

Second (Immediate), "Diarhoea"

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, May 14th 1886

Undertaker, Stewart & Morgan

Place of Business, 35 Park ave & Mt Royal & Boundary aves

F. W. Owings M. D.
Medical Attendant.

Address, 36 & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91641 *Office of Registrar of Vital Statistics,* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 14 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emil Helmetag

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* 2 *Months,* 29 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} M

Occupation, Paperhanger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 360 S. Sharp St

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Asthenia

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, May 16th 1886

Undertaker, Wm Geo Kemp

Place of Business, Sharp bet Pratt

Wm Gerber M. D.
Medical Attendant.

Address, 170 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9642 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 13 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. Walter Haugh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* 11 *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Weigher (in cotton factory)

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co., Md

Duration of Residence in the City of Baltimore, 6 hours

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Pulmonary laceration from

Second (Immediate), frac. ribs, caused by being decidentally run over by wagon

Duration of Last Sickness, Six hours

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Balto Co

Date of Burial, May 15/86

Undertaker, Wm Lloyd

Place of Business,

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

H192

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91643 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 12" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Thawley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 518 S. Charles St

Cause of Death, First (Primary), Measles

Second (Immediate), Typhoid Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 15

Undertaker, B. Hurd

Place of Business, 82 West 14

W. C. A. Cooke M. D.
Medical Attendant.

Address, 110 Fortau

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 9164

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 9164 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert J Simon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, one *Years* nine *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 1 Carlton St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 Carlton St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), asphyxia

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 14th 1886

Undertaker Wm. A. Dunger

Place of Business, 62 East St

Geo. K. Quinan M. D.
Medical Attendant.

Address, 1362 N. Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91645 *Office of Registrar of Vital Statistics.* Ward 8 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 13. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 81 *Years,* ~ *Months,* 11 hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Huckster

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, About 45 years

Place of Death, {Give Street and Number.} 153 Ensor St.

Cause of Death, First (Primary), Chronic Nephritis (Bright's disease of kidneys)

Second (Immediate), Edema of Lungs

Duration of Last Sickness, Confined to bed 4 or 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 15th 1886

Undertaker, Jas O'Byrne

Place of Business, 63 Front St *Address,* 305 N. Carolina St.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21646 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Grover C. Sundrum

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, / *Years,* 2 *Months,* 28 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 582 S. Charles St.

Cause of Death, First (Primary), Measles.

Second (Immediate), Pneumonia

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, May 16th 1886

R. J. H. Tall, M. D.
Medical Attendant.

Undertaker, W. J. Tickner

Place of Business, 65 S. Eutaw St *Address,* 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91647 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pamela A Owings

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* 1 *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give Street and Number.} 297 McHenry str

Cause of Death, First (Primary), Apoplexy.

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 15/86

Undertaker, J. B. Cook

Place of Business, 704 W. Balto St *Address,* 319 Hollins str

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91648 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Flannigan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland ;

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give Street and Number.} 45 Carlton st

Cause of Death, First (Primary),

Second (Immediate), Consumption of Lungs

Duration of Last Sickness, Only one Day

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, May 15/86

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 582 N. Fayette

W. A. McGuire M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91649 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen J Rosier

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 14 *Days*

Color, C D

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 19 Hanover St.

Cause of Death, First (Primary), Cold

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Thanksgiving County

Date of Burial, May 15th 1886

Undertaker, S W Chase

Place of Business, S Howard

James A Steele M. D.
Medical Attendant

Address, Cor Fayette & Pine

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91650. *Office of Registrar of Vital Statistics.* Ward 16.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 13. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Courtland E. Loveday.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, 2 *Years,* 4 *Months,* 13. *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Barkards Lane in Rear 126 S. Fremont St.

Cause of Death, First (Primary), "Mal" nutrition

Second (Immediate), Spasms.

Duration of Last Sickness, All its Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem

Date of Burial, May 15th 1886

Undertaker, E. A. Chase.

Place of Business, 178 S. Howard St.

Jno. A. Steen M. D.
Medical Attendant.

Comm'r of Health & Registrar
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dunning Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21657 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAY 15 1886

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Keenan

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 50 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 1. 58 E. Conway St.

Cause of Death, { First (Primary), ...
Second (Immediate), Pneumonitis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 16/86

Undertaker, Michael Funk

Place of Business, 35 Bank St *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91652 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Johnston

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.* 7

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, Abt 10 years

Place of Death, {Give Street and Number.} No. 47 Fayette St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Abt 6 Months - dont know exactly, Was only Called in a short time before he died

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 16/86

Undertaker, Chas. L. Bowie

Place of Business, 217 E Eutaw *Address,* No. 97 N. Charles St

Thomas Shearer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91653 *Office of Registrar of Vital Statistics,* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 16th & 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. A. Collins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [redacted] *Years,* [redacted] *Months,* 2 weeks [redacted]

Color Ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, [redacted]

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 295 Biddle St

Cause of Death, First (Primary), Erysipelas

Second (Immediate), Gangrene

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 16th 1886

Undertaker, Alex Hemsley

Place of Business, 116 Orchard St *Address,* 172 Franklin

Geo. A. Fleming M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91654 *Office of Registrar of Vital Statistics.* Ward 11 D 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH MARKER MAY 15 1886 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriett Nichols

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* ~~*Months,*~~ *Days*

Color, Dark Brown

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give Street and Number.} 69 Oxford St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Easton Md.

Date of Burial, May 15th 1886 F. B. Gardner *M. D.*

Medical Attendant.

Undertaker, Alex Hensley

Place of Business, 116 Orchard St *Address,* 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4193 Harriett

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9165 *Office of Registrar of Vital Statistics.* Ward 1 S!

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Barbara Augusta Wagner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} S. E. Cor Chesapeake & Eldon Av

Cause of Death, First (Primary), Pseudo Membranous Croup

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, 16 May 1886

Undertaker, John C Schuck

Place of Business, 265 Aisquith *Address,* 53 Eden St

E. Jos. Cleary M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91656 *Office of Registrar of Vital Statistics.* Ward 11 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Frederick Botsch

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 26 *Years,* 8 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Plaster

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 70 Druid Hill Avenue

Cause of Death, First (Primary), Pneumonia

Second (Immediate), "

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, May 16th 1886

Undertaker, Ph. J. Dill & son

Place of Business, 183 Columbia Av *Address,* S. E. Pac. St

J. C. Hammer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9165 *Office of Registrar of Vital Statistics.* Ward 8

HEALTH DEPARTMENT
MAY 15 1886
BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Mullen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 2 Clarkeley

Cause of Death, First (Primary), Measles

Second (Immediate), Double Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 16th

Undertaker, H. C. Windefeld

Place of Business, 100 Fremont Ave *Address,* 172 N Carey

Geo E Reamy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91658. *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1886 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, May 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel R. Williamson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* 7 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, About 74 years

Place of Death, {Give Street and Number.} N. 142 St Paul St

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Of 20 years Standing

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 17th 1886

Undertaker, Stewart & Mowatt

Place of Business, 35 Park Ave *Address,* No. 97 W. Chas. St

Thomas Sheaffer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91659 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 14/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Reynolds

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days*

Color, Dark

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard County

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} 58 Lancaster Alley

Cause of Death, First (Primary), Alcoholism Chronic

Second (Immediate), Asthenia

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, May 16 1886

F. E. Chatard M. D.
Medical Attendant.

Undertaker, W. H. Blase

Place of Business, 198 Howard st *Address,* 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 91669 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH MAY 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Leary

Sex, Male or Female. {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Ramsay St. 188

Cause of Death, First (Primary), Mal-nutrition

Second (Immediate), Death sudden

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 16th

Undertaker John J. Corran

Place of Business, 69 Collins st

L G Sparrow Coroner M. D.

~~Medical Attendant~~.

Address, # 279 N. Mount St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91661 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Nov - 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry B Elsroad

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 1 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 372 Mosher St

Cause of Death, First (Primary), Bronchial Pneumonia

Second (Immediate), Prostration

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park cemetery

Date of Burial, May 16th 1886

Undertaker, Geo W Cook

Place of Business, No 707 W Balto

J. W. J. England M. D.
Medical Attendant.

Address, 394 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91662 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE MAY 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Simon

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 3 *Years,* 0 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 316 S. Bond St

Cause of Death, First (Primary), Pertussis

Second (Immediate), Convulsions

Duration of Last Sickness, 4 wks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, May 16th

Undertaker, W. Disque

Place of Business, 151 S. Bond *Address,* # 43 Aliceanna St

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91663 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 15 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Mason

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days*

Colored

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 21 yrs

Place of Death, {Give Street and Number.} 42 Lorena's alk

Cause of Death, First (Primary), Intemperance

Second (Immediate), Died with symptoms of acute Cerebral softening.

Duration of Last Sickness, In bed about 15 days

All the above information should be furnished by the Physician.

Place of Burial, Shumpert Cemetery

Date of Burial, May 15 1886

Undertaker, William Lange

Place of Business, 62 East East St

Geo. S. Jay M. D.
Medical Attendant.

Address, 75 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 91664 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE
MAY 15 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 14 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hill.

~~*Sex,* Male or *Female*~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* — *Days,*

Color, Colored

~~*Married,* *Single,* *Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} 2 Hooten Street.

Cause of Death, First, (Primary,) Cerebral Meningitis

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, about 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Lurnel Cemetery

Date of Burial, May 15 1886

Undertaker, Wilbur Unger

Place of Business, 62 East St

J E Heard M. D.,
Medical Attendant.

Address, 376 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 7665

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21665 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sigmund Bernd,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 62 *Years,* *Months* 1 *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Retired Merchant.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Near Karlsruhe, Bavaria, Germany

Duration of Residence in the City of Baltimore, 41 Years,

Place of Death, {Give Street and Number.} 629 E Baltimore St,

Cause of Death, First (Primary), Cardiac Irritation.

Second (Immediate), Marasmus, (Exhaustion)

Duration of Last Sickness, 1 1/2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Ohel Shalom

Date of Burial, May 16th 1886

Undertaker, Dennis Mitchell

Place of Business, 530 W. Fayette St

John D. Blake M. D.
Medical Attendant.

Address, 232 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91666 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Philbin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Hodcarrier

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give Street and Number.} 17 Rock St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 16th 86

Undertaker, J H Cadwgan

Place of Business, 22 Fremont St *Address,* 115 W. Monument St.

C. O'Donovan *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9167

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 19 1886
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kolock

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 10 Shakespeare St

Cause of Death, First (Primary), Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cem

Date of Burial, 16th May 1886

Undertaker, John C Schuck

Place of Business, 265 Aliceanna St

John H. Pehlberger M. D.
Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9668. *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 15 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 14. 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Shields.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 70 Porkin St

Cause of Death, First (Primary), Enteritis -

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 days -

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, May 16 1886

Undertaker, John J Andrews

Place of Business, No 4x6 Druid Hill

A. Swatt M. D.
Medical Attendant.

Address, 2 Mill Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91669 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Murilla Harris

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, {Give Street and Number.} Asst. Little Sisters of Poor.

Cause of Death, First (Primary),

Second (Immediate), Chronic Bronchitis & age

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk

Date of Burial, May 16th 1886

Undertaker, Alex Kennedy

Place of Business, 116 Hanover St *Address,*

Rec. Brooke Bond M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 1886

Permit No. 91670

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Robinson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, ~~Col'd~~ Colrd.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number} No 5 Shields alley

Cause of Death, First, (Primary,) ....

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, A long time

All the above information should be furnished by the Physician.

Place of Burial, Shark's Cemetery J. Singling M. D.

Date of Burial, May 16 '86 Medical Attendant.

Undertaker, H. D. S

Place of Business, 5 Eden Alley *Address,* 152½ N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to

(Commissioner of Health and Registrar)

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9167 *Office of Registrar of Vital Statistics.* Ward 4"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 16 1876 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1876

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Kraftenberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* — *Months,* — *Days* 1

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, — — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, From Jan

Place of Death, {Give Street and Number.} 64 East St

Cause of Death, First (Primary), Inflammation Stomach

Second (Immediate), Entero Colitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ohel Shalom Cem. Trapped

Date of Burial, May 16

Undertaker, Evans & Spence

Place of Business, 60 E Balto St

J E Grunert M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91672 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 14 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J. Walker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* *Months,* 4 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 166 S. Regester

Cause of Death, First (Primary), Convulsions — teething

Second (Immediate), More definite — Child died

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem.

Date of Burial, May. 16. 1886

Undertaker H. Sadler & Son

Place of Business 252 Canton Ave *Address,* Geo. L. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91673 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hacker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* 9 *Months.* 2 *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 8 Bevan st

Cause of Death, First (Primary), Cerebro-Spinal meningitis - To The
Presence of which disease was made known by Dr. Cornelius
Second (Immediate), who made an autopsy - He having been ordered to do so by
the Coroner of the Southern District Spasms.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 16

Frank J. Flannery M. D.
Coroner - Medical Attendant.

Undertaker, Henry Breen

Place of Business, Hennetta St *Address,* 404 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91674 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* 15 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Md. Inebriate Asylum.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Ed.

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, May 16th 1886

Undertaker, Hammond Lake

Place of Business, Division St.

F. J. Flannery M. D.
Medical Attendant.

Address, 404 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 91675 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leon Bear

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 19 Pleasant & Davis

Cause of Death, First (Primary), Measles

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bell Point Cemetery

Date of Burial, May 16

Undertaker, Jacob Streets

Place of Business, 28 High St *Address,* [illegible]

Geo B Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 18 DAY Nov,
OF 19. THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH 8770 - 11/8/85 AND
ENDING WITH 91675 - 5/15/86 ARE AC-
CURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: C Kline

END OF REEL